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A B S T R A C T S

Jefferson Longitudinal Study of Medical Education

Compiled and edited by:

Joseph S. Gonnella, M.D.

Mohammadreza Hojat, Ph.D.

J. Jon Veloski, M.S.

JEFFERSON MEDICAL COLLEGE

Center for Research in Medical Education and Health Care

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This book is dedicated to her.

Design and typesetting:

by Denise Cotter

Word processing and formatting:

by Phyllis Accetta, and Bethany Brooks

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Cover illustration depicts the triple roles of physicians as clinicians, educators, and managers.

CONTENTS

	<i>Page</i>
INTRODUCTION	<i>17</i>
1 ADMISSIONS	
1.1 STANDARDIZED TESTS	<i>25</i>
1.2 ACADEMIC PREPARATION	<i>35</i>
2 JEFFERSON EVALUATIONS	
2.1 PRECLINICAL	<i>47</i>
2.2 CLINICAL	<i>53</i>
3 POSTGRADUATE AND CAREER	
3.1 CLINICAL COMPETENCE	<i>69</i>
3.2 SPECIALIZATION & PROFESSIONAL ACTIVITIES	<i>85</i>
4 DEMOGRAPHICS	<i>121</i>
5 PSYCHOSOCIAL ATTRIBUTES	<i>135</i>
6 PROFESSIONALISM	<i>163</i>
7 LIST OF PUBLICATIONS	<i>183</i>

TABLE OF CONTENTS

Introduction	Page 18
------------------------	------------

1 ADMISSIONS

1.1 STANDARDIZED TESTS

Science, Verbal, or Quantitative Skills: Which Is the Most Important Predictor of Physician Competence? <i>Glaser K, Hojat M, Veloski JJ, Blacklow RS, Goepf CE</i>	26
A Validity Study of the Writing Sample Section of the Medical College Admission Test <i>Hojat M, Erdmann JB, Veloski JJ, Nasca TJ, Callahan CA, Julian E, Peck J</i>	27
Predictive Validity of the MCAT for Students with Two Sets of Scores <i>Hojat M, Veloski JJ, Zeleznik C.</i>	28
Delays in Completing Medical School: Predictors and Outcomes <i>Rosenfeld LM, Hojat M, Veloski JJ, Blacklow RS, Goepf CE</i>	29
The Overall Validity of the New MCAT <i>Veloski JJ, Hojat M, Zeleznik C.</i>	30
Predictive Validity of the MCAT as a Function of Undergraduate Institutions <i>Zeleznik C, Hojat M, Veloski JJ.</i>	31
Long-Range Predictive and Differential Validities of the Scholastic Aptitude Test in Medical School <i>Zeleznik C, Hojat M, Veloski JJ.</i>	32
The Relationship Between MCAT Science Subtest Scores and Performance in Medical School: The Impact of the Undergraduate Institution <i>Zeleznik C, Veloski JJ, Conly S, Hojat M.</i>	33

1.2 ACADEMIC PREPARATION

Reexamination of Relationships Between Students' Undergraduate Majors, Medical School Performances, and Career Plans at Jefferson Medical College <i>Ashikawa H, Hojat M, Zeleznik C, Gonnella JS</i>	36
The Jefferson-Penn State B.S. - M.D. Program: A 26-Year Experience <i>Callahan CA, Veloski JJ, Gang Xu, Hojat M, Zeleznik C, Gonnella JS</i>	37
Evaluation of an Enrichment Programme for Entering Medical Students Predicted to be in Need of Academic Preparation <i>Glaser K, Hojat M, Callahan CA.</i>	38
Premedical Training, Personal Characteristics and Performance in Medical School <i>Herman MW, Veloski JJ.</i>	39
Postbaccalaureate Preparation and Performance in Medical School <i>Hojat M, Blacklow RS, Robeson MR, Veloski JJ, Borenstein BD.</i>	40
Evaluation of a Selective Medical School Admissions Policy to Increase the Number of Family Physicians in Rural and Underserved Areas <i>Rabinowitz HK.</i>	41
A Program to Recruit and Educate Medical Students to Practice Family Medicine in Underserved Areas <i>Rabinowitz HK.</i>	42

Demographic, Educational and Economic Factors Related to Recruitment and Retention of Physicians in Rural Pennsylvania
Rabinowitz HK, Diamond JJ, Hojat M, Hazelwood CE 43

Using Postgraduate Clinical Performance to Monitor Change in the Medical School
Veloski JJ 44

Baccalaureate Preparation for Medical School: Does Type of Degree Make a Difference?
Zeleznik C, Hojat M, Veloski JJ 45

Levels of Recommendation for Students and Academic Performance in Medical School
Zeleznik C, Hojat M, Veloski JJ 46

2 JEFFERSON EVALUATIONS

2.1 PRECLINICAL

Curricular Reform May Improve Students' Performance on Externally Administered Comprehensive Examinations
Damjanov I, Fenderson BA, Hojat M, Rubin E 48

An Empirical Study of the Predictive Validity of Number Grades in Medical School Using 3 Decades of Longitudinal Data: Implications for a Grading System
Gonnella JS, Erdmann JB, Hojat M 49

The Fate of Medical Students with Different Levels of Knowledge: Are the Basic Medical Sciences Relevant to Physician Competence?
Hojat M, Gonnella JS, Erdmann JB, Veloski JJ 50

Sooner or Later? USMLE Step 1 Performance and Test Administration Date at the End of the Second Year
Pohl CA, Robeson MR, Hojat M, Rattner SL, Veloski JJ 51

Using Resident Competence Ratings to Evaluate NBME Passing Standards
Turner BJ, Hojat M, Gonnella JS 52

2.2 CLINICAL

Students' Ratings of Otolaryngology Clerkship Activities: The Role of Residents
Ashikawa H, Xu G, Veloski JJ 54

Validity of Faculty Ratings of Students' Clinical Competence in Core Clerkships in Relation to Scores on Licensing Examinations and Supervisors' Ratings in Residency
Callahan CA, Erdmann JB, Hojat M, Veloski JJ, Rattner SL, Nasca TJ, Gonnella JS 55

Subtest Scores of a Comprehensive Examination of Medical Knowledge as a Function of Retention Interval
Hojat M, Veloski JJ 56

Students' Gender and Examination of Patients in a Third-Year Family Medicine Clerkship
Louis DZ, Gottlieb J, Markham FW, Hojat M, Rabinowitz C, Gonnella JS 57

Evaluations of Medical Students' Clinical Experiences in a Family Medicine Clerkship: Differences in Patient Encounters by Disease Severity in Different Clerkship Sites
Markham FW, Rattner SL, Hojat M, Louis DZ, Rabinowitz C, Gonnella JS 58

TABLE OF CONTENTS

USMLE Step 2 Performance and Test Administration Date in the Fourth Year of Medical School <i>Pohl CA, Robeson MR, Veloski JJ</i>	59
A Comparison of the Modified Essay Question and Multiple Choice Question Formats: Their Relationships to Clinical Performance <i>Rabinowitz HK, Hojat M</i>	60
Documenting and Comparing Medical Students' Clinical Experiences <i>Rattner SL, Louis DZ, Rabinowitz C, Gottlieb JE, Nasca TJ, Markham FW, Gottlieb RP, Caruso JW, Lane JL, Veloski JJ, Hojat M, Gonnella JS</i>	61
Student Ratings of Clerkship Activities as a Basis for Curriculum Modification: A Four Year Comparison of Six Departments <i>Rodgers JS, Veloski JJ, Moses SL</i>	62
Evaluation of the Surgical Clerkship Experience in Affiliated Hospitals: Performance on Objective Examinations <i>Schwartz GF, Veloski JJ, Gonnella JS</i>	63
Do Global Rating Forms Enable Program Directors to Assess the ACGME Competencies? <i>Silber CG, Nasca TJ, Paskin DL, Eiger G, Robeson MR, Veloski JJ</i>	64
A Preliminary Study of the Validity of Scores and Pass/Fail Standards for USMLE Steps 1 and 2 <i>Swanson DB, Case SM, Waechter D, Veloski JJ, Hasbrouck C, Friedman M, Carline J, Maclaren C</i>	65
Attendings' and Residents' Teaching Role and Students' Overall Rating of Clinical Clerkships <i>Xu G, Brigham TP, Veloski JJ, Rodgers JF</i>	66
Influence of Previous Clerkship Experiences on Students' Satisfaction with Their Current Clerkship <i>Xu G, Veloski JJ</i>	67
A Correlation Study of Students' Perception of Their Active Role as Related to Their Clerkship Experiences <i>Xu G, Veloski JJ, Brigham TP</i>	68
3 POSTGRADUATE AND CAREER	
3.1 CLINICAL COMPETENCE	
Class Ranking Models for Deans' Letters and Their Psychometric Evaluation <i>Blacklow RS, Goepf CE, Hojat M</i>	70
Further Psychometric Evaluations of a Class Ranking Model as a Predictor of Graduates' Clinical Competence in the First Year of Residency <i>Blacklow RS, Goepf CE, Hojat M</i>	71
Relationship between Performance in Medical School and Postgraduate Competence <i>Gonnella JS, Hojat M</i>	72
The Role of Resident Performance Evaluation in Board Certification <i>Gonnella JS, Hojat M, Erdmann JB, Veloski JJ</i>	73
A Case of Mistaken Identity: Signal and Noise in Connecting Performance Assessments Before and After Graduation from Medical School <i>Gonnella JS, Hojat M, Erdmann JB, Veloski JJ</i>	74
What Have We Learned and Where Do We Go From Here? <i>Gonnella JS, Hojat M, Erdmann JB, Veloski JJ</i>	75

Measuring the Contribution of Medical Education to Patient Care: A Review
Gonnella JS, Hojat M, Veloski JJ, Zeleznik C 76

Social Responsibilities of Medical Schools
Gonnella JS, Veloski JJ, Xu G, Hojat M 77

Validity and Importance of Low Ratings Given to Medical School Graduates in Noncognitive Areas
Herman MW, Veloski JJ, Hojat M 78

Cognitive and Noncognitive Factors in Predicting the Clinical Performance of Medical School Graduates
Hojat M, Borenstein BD, Veloski JJ 79

Is the Glass Half Full or Half Empty? A Reexamination of the Associations between Assessment Measures during Medical School and Clinical Competence after Graduation
Hojat M, Gonnella JS, Veloski JJ, Erdmann JB 80

Components of Clinical Competence Ratings of Physicians: An Empirical Approach
Hojat M, Veloski JJ, Borenstein BD 81

Conceptualization and Measurement of Clinical Competence of Residents: A Brief Rating Form and its Psychometric Properties
Nasca TJ, Gonnella JS, Hojat M, Veloski JJ, Erdmann JB, Robeson MR, Brigham TP, Callahan CA 82

Relationships Between Performance in Medical School and First Postgraduate Year
Veloski JJ, Herman MW, Gonnella JS, Zeleznik C, Kellow WF 83

A Validity Study of Part III of the National Board Examination
Veloski JJ, Hojat M, Gonnella JS 84

3.2 SPECIALIZATION & PROFESSIONAL ACTIVITIES

Correlates of Young Physicians' Support for Unionization to Maintain Professional Influence
Collier VU, Hojat M, Rattner SL, Gonnella JS, Erdmann JB, Nasca TJ, Veloski JJ 86

Stability and Change of Interest in Obstetrics-Gynecology among Medical Students: Eighteen Years of Longitudinal Data
Forouzan I, Hojat M 87

Medical Education and Health Services Research: The Linkage
Gonnella JS, Callahan CA, Louis DZ, Hojat M, Erdmann JB 88

The Impact of Early Career Specialization on Licensing Requirements and Related Educational Implications
Gonnella JS, Hojat M, Erdmann JB, Veloski JJ 89

The Impact of Early Specialization on the Clinical Competence of Residents
Gonnella JS, Veloski JJ 90

Should Half of All Medical School Graduates Enter Primary Care? Perceptions of Faculty Members at Jefferson Medical College
Gottlieb J, Fields SK, Hojat M, Veloski JJ 91

Family Medicine and Primary Care: Trends and Student Characteristics
Herman MW, Veloski JJ 92

TABLE OF CONTENTS

Primary Care and Non-Primary Care Physicians: A Longitudinal Study of Their Similarities, Differences, and Correlates Before, During, and After Medical School <i>Hojat M, Gonnella JS, Erdmann JB, Veloski JJ, Xu G</i>	93
Jefferson Medical College Longitudinal Study: A Prototype for Evaluation of Changes <i>Hojat M, Gonnella JS, Veloski JJ, Erdmann JB</i>	94
Differences in Professional Activities, Perceptions of Professional Problems, and Practice Patterns between Men and Women Graduates of Jefferson Medical College <i>Hojat M, Gonnella JS, Veloski JJ, Moses SL</i>	95
A Program to Increase the Number of Family Physicians in Rural and Underserved Areas: Impact after 22 Years <i>Rabinowitz HK, Diamond JJ, Markham FW, Hazelwood CE</i>	96
Critical Factors for Designing Programs to Increase the Supply and Retention of Rural Primary Care Physicians <i>Rabinowitz HK, Diamond JJ, Markham FW, Paynter NP</i>	97
Who is a Generalist? An Analysis of Whether Physicians Trained as Generalists Practice as Generalists <i>Rabinowitz HK, Hojat M, Veloski JJ, Rattner SL, Robeson MR, Xu G, Appel MH, Cochran C, Jones RL, Kanter SL</i>	98
A Statewide System to Track Medical Students' Careers: The Pennsylvania Model <i>Rabinowitz HK, Veloski JJ, Aber RC, Adler S, Ferretti S, Kelliher GJ, Mochen E, Morrison G, Rattner SL, Sterling G, Robeson MR, Hojat M, Xu G</i>	99
Development and Implementation of a Longitudinal Tracking System for Medical School Graduates <i>Rabinowitz HK, Veloski JJ, Robeson MR, Xu G, Hojat M</i>	100
Generalist Career Plans: Tracking Medical School Seniors through Residency <i>Rabinowitz HK, Xu G, Robeson MR, Hojat M, Rattner SL, Appel MH, Cochran C, Johnson JJ, Kanter SL, Veloski JJ</i>	101
Assessment of Physicians' Interest in Primary Care Training/Retraining <i>Rattner SL, Robeson MR, Veloski JJ</i>	102
Changing Specialties: Do Anesthesiologists Differ from Other Physicians? <i>Seltzer JL, Veloski JJ</i>	103
Academic Performance of Psychiatrists Compared to Other Specialists Before, During, and After Medical School <i>Sierles FS, Vergare MJ, Hojat M, Gonnella JS</i>	104
Performance on the NBME Part II Examination and Career Choice <i>Williams T, Sachs L, Veloski JJ</i>	105
Medical Students Who Enter General Surgery Residency Programs: A Follow-Up Between 1972 and 1986 <i>Wolfson PJ, Robeson MR, Veloski JJ</i>	106
Perceptions of Practice Problems Encountered by Family Physicians, Pediatricians and Orthopedic Surgeons <i>Xu G, Brigham TP, Veloski JJ, Rodgers JF</i>	107
Primary Care and Nonprimary Care Physicians' Concerns in Practice and Perceptions of Medical School Curriculum <i>Xu G, Hojat M, Brigham TP, Robeson MR, Veloski JJ</i>	108

Factors Associated with Changing Levels of Interest in Primary Care During Medical School
Xu G, Hojat M, Brigham TP, Veloski JJ 109

Emergency Medicine Career Change: Associations with Performances in Medical School and in the First Postgraduate Year and with Indebtedness
Xu G, Hojat M, Veloski JJ 110

The Changing Healthcare System: A Research Agenda for Medical Education
Xu G, Hojat M, Veloski JJ, Gonnella JS 111

A National Study of the Factors Influencing Men and Women Physicians' Choices of Primary Care Specialties
Xu G, Rattner SL, Veloski JJ, Hojat M, Fields SK, Barzansky B 112

Comparing the Academic Performances of Geriatricians and Other Family Physicians and Internists
Xu G, Veloski JJ 113

Factors Influencing Physicians' Decisions to Remain in Emergency Medicine
Xu G, Veloski JJ 114

A Comparison of Jefferson Medical College Graduates Who Chose Emergency Medicine with Those who Chose Other Specialities
Xu G, Veloski JJ 115

Comparisons Among Three Types of Generalist Physicians: Personal Characteristics, Medical School Experiences, Financial Aid, and Other Factors Influencing Career Choice
Xu G, Veloski JJ, Barzansky B, Hojat M, Diamond JJ, Silenzio VMB 116

Changing Interest in Family Medicine and Students' Academic Performance
Xu G, Veloski JJ, Hojat M 117

Physicians' Intention to Stay In or Leave Primary Care Specialties and Variables Associated with Such Intention
Xu G, Veloski JJ, Hojat M, Fields SK 118

Factors Influencing Primary Care Physicians' Choice to Practice in Medically Underserved Areas
Xu G, Veloski JJ, Hojat M, Politzer RM, Rabinowitz HK, Rattner SL 119

4 DEMOGRAPHICS

Gender Segregation by Specialty During Medical School
Boulis A, Jacobs J, Veloski JJ 122

Comparing the Accuracies of Entire-Group and Subgroup Model to Predict NBME I Scores
Erdmann JB, Hojat M, Veloski JJ 123

African American and White Physicians: A Comparison of Satisfaction with Medical Education, Professional Careers and Research Activities
Gartland J, Hojat M, Christian EB, Callahan CA, Nasca TJ 124

Performance and Career Expectations of Women Medical Students: A Comparison with Men
Herman MW, Veloski JJ 125

Gender Comparisons of Medical Students' Psychosocial Profiles
Hojat M, Glaser K, Xu G, Veloski JJ, Christian EB 126

TABLE OF CONTENTS

Gender Comparisons of Income Expectations in the USA at the Beginning of Medical School During the Past Twenty-Eight Years <i>Hojat M, Gonnella JS, Erdmann JB, Rattner SL, Veloski JJ, Glaser K, Xu G</i>	127
Gender Comparisons of Young Physicians' Perceptions of Their Medical Education, Professional Life, and Practice: A Follow-Up Study of Jefferson Medical College Graduates <i>Hojat M, Gonnella JS, Xu G</i>	128
Gender Comparisons Prior To, During, and After Medical School Using Two Decades of Longitudinal Data at Jefferson Medical College <i>Hojat M, Robeson MR, Veloski JJ, Blacklow RS, Xu G, Gonnella JS</i>	129
Change of Interest in Surgery During Medical School: A Comparison of Men and Women <i>Novielli K, Hojat M, Park PK, Gonnella JS, Veloski JJ</i>	130
Prediction of Students' Performance on Licensing Examinations Using Age, Race, Sex, Undergraduate GPAs and MCAT Scores <i>Veloski JJ, Callahan CA, Xu G, Hojat M, Nash DB</i>	131
A National Study of Factors Influencing Primary Care Career Choices Among Underrepresented-Minority, White, and Asian American Physicians <i>Xu G, Hojat M, Veloski JJ, Brose J</i>	132
Board Certification: Associations with Physicians' Demographics and Performances During Medical School and Residency <i>Xu G, Veloski JJ, Hojat M</i>	133
Longitudinal Comparison of the Academic Performances of Asian-American and White Medical Students <i>Xu G, Veloski JJ, Hojat M, Gonnella JS, Bacharach B</i>	134
5 PSYCHOSOCIAL ATTRIBUTES	
Outcome Assessment of Economic Diversity in Medical School: Implication of Economic Background on Performance in Medical School and Beyond, Career Choice, Educational Debt, and Income Explanations <i>Cooter R, Xu G, Erdmann JB, Gonnella JS, Callahan CA, Hojat M</i>	136
Characteristics of Medical Students Completing an Honors Program in Pathology <i>Fenderson BA, Hojat M, Damjanov I, Rubin E</i>	137
Biotechnology and Ethics in Medical Education of the New Millennium: Physician Roles and Responsibilities <i>Gonnella JS, Hojat M</i>	138
Medical Students' Opinions on Economic Aspects of the Healthcare System <i>Herman MW</i>	139
Medical Students' Opinions Concerning the Healthcare System <i>Herman MW</i>	140
Professional Attitudes and Interpersonal Relationships of Physicians: Are They a Problem? <i>Herman MW, Veloski JJ, Hojat M</i>	141
Satisfaction with Early Relationships with Parents and Psychosocial Attributes in Adulthood: Which Parent Contributes More? <i>Hojat M</i>	142

Perception of Maternal Availability in Childhood and Selected Psychosocial Characteristics in Adulthood
Hojat M. 143

Medical Students' Personal Values and Their Career Choices a Quarter-Century Later
Hojat M, Brigham TP, Gottheil E, Xu G, Glaser K, Veloski JJ 144

Students' Personality and Ratings of Clinical Competence in Medical School Clerkships: A Longitudinal Study
Hojat M, Callahan CA, Gonnella JS. 145

A Study of Psychometric Characteristics of Abridged Versions of Selected Psychological Measures Given to Medical School Students for the Purpose of Predicting Their Clinical Competence
Hojat M, Erdmann JB, Robeson MR, Damjanov I, Glaser K. 146

Associations Between Selected Psychosocial Attributes and Ratings of Physician Competence
Hojat M, Glaser KM, Veloski JJ. 147

Physicians' Perceptions of the Changing Healthcare System: Comparisons by Gender and Specialties
Hojat M, Gonnella JS, Erdmann JB, Veloski JJ, Louis DZ, Nasca TJ, Rattner SL 148

Medical Student's Cognitive Appraisal of Stressful Life Events as Related to Personality, Physical Well-Being, and Academic Performance: A Longitudinal Study
Hojat M, Gonnella JS, Erdmann JB, Vogel WH 149

Psychosocial Characteristics of Female Students in the Allied Health and Medical Colleges: Psychometrics of the Measures and Personality Profiles
Hojat M, Lyons K. 150

A Comparison of the Personality Profiles of Internal Medicine Residents, Physician Role Models, and the General Population
Hojat M, Nasca TJ, Magee M, Feeney K, Pascual R, Urbano F, Gonnella JS 151

Students' Psychosocial Characteristics as Predictors of Academic Performance in Medical School
Hojat M, Robeson MR, Damjanov I, Veloski JJ, Glaser K, Gonnella JS 152

Attitudes Toward Managed Care: A Brief Instrument to Measure Attitudes of Medical Students Towards Change in the Healthcare System
Hojat M, Veloski JJ, Gonnella JS, Erdmann JB, Rattner SL 153

Perceptions of Medical School Seniors of the Current Changes in the U.S. Healthcare System
Hojat M, Veloski JJ, Louis DZ, Xu G, Ibarra D, Gottlieb JE, Erdmann JB 154

Effects of Academic and Psychosocial Predictors of Performance in Medical School on Coefficients of Determination
Hojat M, Vogel WH, Zeleznik C, Borenstein BD. 155

How Much Do Medical Students Know About Physician Income?
Nicholson S 156

Correlates of Physicians' Endorsement of the Legalization of Physician-Assisted Suicide
Novielli K, Hojat M, Nasca TJ, Erdmann JB, Veloski JJ. 157

TABLE OF CONTENTS

Intra- and Inter-Culture Comparisons of Personality Profiles of Medical Students in Argentina and in the United States <i>Rimoldi HJA, Raimondo R, Erdmann JB, Hojat M.</i>	158
Income Expectations of First-year Students at Jefferson Medical College as a Predictor of Family Practice Specialty Choice <i>Rosenthal MP, Turner TN, Diamond JJ, Rabinowitz HK</i>	159
Mindfulness-Based Stress Reduction Lowers Psychological Distress in Medical Students <i>Rosenzweig S, Reibel DK, Greeson JM, Brainard GC, Hojat M.</i>	160
The Income Expectations of Medical Students in the Time Period 1970 to 1980 <i>Veloski JJ, Zeleznik C, Hojat M.</i>	161
Students' Certainty During Course Test-Taking and Performance on Clerkships and Board Exams <i>Zeleznik C, Hojat M, Goepf CE, Amadio P, Kowlessar D, Borenstein BD</i>	162

6 PROFESSIONALISM

(EMPATHY, INTERPROFESSIONAL COLLABORATION, LIFELONG LEARNING)

Comparisons of Nurses and Physicians on an Operational Measure of Empathy <i>Fields SK, Hojat M, Gonnella JS, Mangione S, Kane G, Magee M</i>	164
Comparisons of Nurse Practitioners with Physicians on the Jefferson Scale of Physician Empathy <i>Hojat M, Fields SK, Gonnella JS</i>	165
Attitudes Toward Physician-Nurse Alliance: Comparisons of Medical and Nursing Students <i>Hojat M, Fields SK, Rattner SL, Griffiths M, Cohen MJM, Plumb JD.</i>	166
Psychometric Properties of an Attitude Scale Measuring Physician-Nurse Collaboration <i>Hojat M, Fields SK, Veloski JJ, Griffiths M, Cohen MJM, Plumb JD.</i>	167
Empathy Scores in Medical School and Ratings of Empathic Behavior in Residency Training Three Years Later <i>Hojat M, Gonnella JS, Mangione S, Nasca TJ, Magee M.</i>	168
Physician Empathy in Medical Education and Practice: Experience with the Jefferson Scale of Physician Empathy <i>Hojat M, Gonnella JS, Mangione S, Nasca TJ, Magee M.</i>	169
Empathy in Medical Students as Related to Academic Performance, Clinical Competence, and Gender <i>Hojat M, Gonnella JS, Mangione S, Nasca TJ, Veloski JJ, Erdmann JB, Callahan CA, Magee M</i>	170
Comparisons of American, Israeli, Italian and Mexican Physicians and Nurses on the Total and Factor Scores of the Jefferson Scale of Attitudes Toward Physician-Nurse Collaborative Relationships <i>Hojat M, Gonnella JS, Nasca TJ, Fields SK, Cicchetti A, Lo Scalzo A, Taroni F, Amicosante AMV, Macinati M, Tangucci M, Liva C, Ricciardi G, Eidelman S, Admi H, Geva H, Mashiach T, Alroy G, Alcorta-Gonzalez A, Ibarra D, Torres-Ruiz A.</i>	171
The Jefferson Scale of Physician Empathy: Further Psychometric Data and Differences by Gender and Specialty at Item Level <i>Hojat M, Gonnella JS, Nasca TJ, Mangione S, Veloski JJ, Magee M.</i>	172

TABLE OF CONTENTS

Physician Empathy: Definition, Components, Measurement, and Relationship to Gender and Specialty <i>Hojat M, Gonnella JS, Nasca TJ, Mangione S, Vergare MJ, Magee M</i>	173
Developing an Instrument to Measure Attitudes Toward Nurses: Preliminary Psychometric Findings <i>Hojat M, Herman MW</i>	174
Relationships Between Scores of the Jefferson Scale of Physician Empathy (JSPE) and the Interpersonal Reactivity Index (IRI) <i>Hojat M, Mangione S, Kane GC, Gonnella JS</i>	175
The Jefferson Scale of Physician Empathy: Development and Preliminary Psychometric Data <i>Hojat M, Mangione S, Nasca TJ, Cohen MJM, Gonnella JS, Erdmann JB, Veloski JJ, Magee M</i>	176
An Empirical Study of Decline in Empathy in Medical School <i>Hojat M, Mangione S, Nasca TJ, Rattner SL, Erdmann JB, Gonnella JS, Magee M</i>	177
Attitudes Toward Physician-Nurse Collaboration: A Cross-Cultural Study of Male and Female Physicians and Nurses in the United States and Mexico <i>Hojat M, Nasca TJ, Cohen MJM, Fields SK, Rattner SL, Griffiths M, Ibarra D, Alcorta-Gonzalez A, Torres-Ruiz A, Ibarra G, Garcia A</i>	178
An Operational Measure of Physician Lifelong Learning: Its Development, Components and Preliminary Psychometric Data <i>Hojat M, Nasca TJ, Erdmann JB, Frisby AJ, Veloski JJ, Gonnella JS</i>	179
Empathy in Medical Students as Related to Specialty Interest, Personality, and Perceptions of Mother and Father <i>Hojat M, Zuckerman M, Gonnella JS, Mangione S, Nasca TJ, Vergare MJ, Magee M</i>	180
Assessment of Empathy in Different Years of Internal Medicine Training <i>Mangione S, Kane GC, Caruso JW, Gonnella JS, Nasca TJ, Hojat M</i>	181
Measuring Professionalism: A Review of Studies with Instruments Reported in the Literature Between 1982 and 2002 <i>Veloski JJ, Fields SK, Boex JR, Blank LL</i>	182
LIST OF PUBLICATIONS	184

INTRODUCTION

INTRODUCTION

History and Purpose of the Jefferson Longitudinal Study of Medical Education

Medical schools have a social responsibility to monitor the quality of their educational product. In particular, they are obligated to evaluate the effect of any change in the system of medical education (e.g., admissions policies, curriculum, evaluation standards). Assessment of educational outcomes must use empirical data based on a scientific methodology rather than anecdotal observations and personal opinion. Thus, outcome assessment of programs calls for a longitudinal study design that allows for the examination of changes from the beginning of undergraduate medical education, through completion of graduate medical education, and throughout the professional career. This was the spirit in which the Jefferson Longitudinal Study of Medical Education was initiated.

When the Jefferson Longitudinal Study of Medical Education was implemented in 1970, it was envisioned that a comprehensive longitudinal database of medical students and graduates could serve as a valuable source of information. Development of the plan was based on the notion that medical schools have a responsibility to evaluate their own graduates to assure the quality and effectiveness of their educational programs. The Study was implemented at a time when medical education research was still in its infancy and when most other medical schools were not eager to invest resources in such a huge undertaking, which promised few immediate rewards. The title of “longitudinal study” was chosen because of the intention to follow every student from medical school throughout one’s entire professional career.

Throughout the early 1970s, data on demographics, premedical academic performance, and performance measures in medical school were retrospectively collected for students who entered Jefferson Medical College beginning in 1964. The database expanded beginning with the entering class of 1966 (graduating class of 1970) to include measures of clinical competence at Jefferson and after graduation at the end of the first residency year. During the early phases, both retrospective data (for graduates prior to 1970) and prospective data (for students and graduates enrolled in 1970 and thereafter) were maintained in one comprehensive database. This database at the present time contains over 4 million pieces of data on more than 9,000 students and graduates. We believe it to be the most comprehensive, extensive, and uninterrupted database of medical students and graduates that is routinely updated and maintained in a single medical school. The Center for Research in Medical Education and Health Care at Jefferson is the headquarters of the Jefferson Longitudinal Study. Only authorized members of the professional staff of the Center have access to the longitudinal database. Recently, more medical schools than ever before have inquired about our Longitudinal Study, requesting copies of the questionnaires and information about how to set up a longitudinal study. Such outside interest indicates that the Jefferson longitudinal study can serve as a prototype for other medical schools’ longitudinal studies.

Recently the Accreditation Team that reviewed Thomas Jefferson University for the Middle States Commission on Higher Education for the University praised the Jefferson Longitudinal Study and made the following comment: “The Center for Research in Medical Education and Health Care and the Jefferson Medical College are to be commended for their academic interest in outcome data, responsiveness to faculty and department needs and the clear use of data to modify the curriculum and teaching environment...The Center for Research in Medical