Minutes: Meeting of June 15, 1998

Present:
Drs. Carol Berkowitz, Bruce Chernof, Kenneth Dorshkind, Thomas Drake, Ronald Edelstein, Dohn Glitz, Theodore Hall, Baxter Larmon, Neil Parker, Alan Robinson, Stuart Slavin (Co-Chair), Michael Stemerman, Margaret Stuber, Ronald Tompkins, John Tormey (Co-Chair), Richard Usatine and LuAnn Wilkerson and Janice Contini.

Students: Alea Eusebio and Julie Lipps.

Guests: Gabriel Lopez – President of Class of 2000, Gezelle Miller, Charlotte Myers and Jared Scott – President of Class of 1999.

1998-1999 MEC Membership Announcement, Dr. John Tormey

The Faculty Executive Committee asked Drs. Slavin and Tormey to continue to co-chair the Medical Education Committee for the next three years. They wanted continuity of leadership to guide the curriculum reform efforts currently in progress. Most members were asked to serve another year and have agreed to do so. Dr. Carol Berkowitz will be leaving the Committee after three years’ service to become Interim Chair of Pediatrics at Harbor; Dr. Tormey thanked her for her involvement and contributions to the MEC and wished her much success in her new appointment. Dr. Earl Homsher, who is currently serving as the Chair of the Human Biology and Disease Task Force, will join the MEC. Student elections for MEC representatives are underway. Drs. Tormey and Slavin commented that the committee has worked very well together and that they look forward to continuing.

Informatics in the First-Year Curriculum, Dr. Margaret Stuber

The First Year Curriculum Planning Group met and discussed creating a plan for informatics in the first year curriculum. A primary concern is students’ inability to find and critically evaluate data not only from journals but also from the Web. They proposed a combination of didactic presentations and practical application to address this deficiency. Currently, Biomathematics is the only first-year course in which informatics is being taught systematically. The goal is to expose students to informatics earlier in the year through discussion courses such as CABS and Doctoring.

The Drew-UCLA informatics committee had previously suggested that the informatics curriculum be integrated into existing courses rather than be created as a separate course.

Dr. Stuber requested MEC approval to move forward in developing a proposal by Biomathematics, Doctoring and CABS faculty. It was recommended that the First Year Curriculum Planning Committee coordinate its planning with the Drew-UCLA informatics committee in order to coordinate further development.

An AAMC report on Medical Informatics Objectives was passed out. Dr. Tormey recommended it as a valuable resource for defining UCLA’s informatics curriculum.
Feedback on Pass/Fail Grading System

Input is being gathered from several sources to guide the MEC in its review of the current grading system:

Student Survey, Gabriel Lopez and Jared Scott

At the request of the FEC, the Class Presidents developed and administered a survey on student opinions about the current grading system and how it might be improved. A total of 179 students (93 Class of 2001, 38 Class of 2000, and 48 Class of 1999) have responded to date. Some of the results across the three classes are as follows.

- Was the pass/fail system a factor in your decision to attend UCLA? Yes, 17%
- If yes, how much did it influence your decision to come to UCLA? Average 7 on 10-pt scale
- Would you have accepted a spot at UCLA if a pass/fail system had not been in place? Yes, 76%
- Are you happy with pass/fail? Yes, 91%
- What do you see as the number one advantage of pass/fail? Top three of five choices:
  o Promotes teamwork – 32%
  o Decreased pressure – 30%
  o Decreased competition among peers – 24%
- What do you see as the number one disadvantage of pass/fail? Single most significant response: Possible decrease in competitiveness in residency application process – 55%
- How do you see the pass/fail system could be improved? Leave it the same – 55%
- Which system would be the most beneficial for you? From five choices:
  o Straight pass/fail for four years – 37%
  o Pass/fail for first two years and honors pass/fail for clinical years – 35%
- Have you ever received a Letter of Distinction? No, 85%
- Do you know of anyone who has received a Letter of Distinction? No, 77%
- Do you feel that criteria for receiving this letter have been adequately explained to you? No, 90%

In summary, the survey reflects that students like the pass/fail system, but there is a perception that it may decrease their competitiveness for residency application process. Although the majority wants to keep the current grading system, 35% of students would favor maintaining a Pass/Fail system in the first two years and Honors/Pass/Fail system in the clinical years. Clearly, the criteria for Letters of Distinction are not communicated well to the students.

Dr. Slavin thanked Gabriel Lopez and Jared Scott for their effort and presentation.
**Residency Directors, Dr. Slavin**

Although a formal survey of residency directors has not been conducted, conversations with other program directors (primarily from California) reveal that the pass/fail system is making it difficult to rank UCLA students.

Julie Lipps (MSIII) commented that transcripts perhaps should indicate Letters of Distinction received. Members of the Class of 1999 are very concerned about this entire issue.

**Focus Groups with Fourth Year Students, Dr. Tormey**

Drs. Slavin and Tormey conducted two focus groups with fourth year students to discuss the pass/fail system. Each session had eight UCLA students (no representatives from Drew). The first group consisted of students who matched to primary care residencies and the second group was more diverse with some surgical fields represented. Approximately half of both groups were AOA members, while the remainder was evenly distributed over the rest of the class.

Both groups agreed there is a fundamental inadequacy in evaluation of students in the third year. This is the major problem that needs to be fixed. Most students believed that, under the circumstances, grades have little objective meaning.

The first group was unanimous that the pass/fail system, even as it currently exists, outweighs the possible advantages of graded system that might make it easier to be evaluated for residencies. All were opposed to adding a grade of Honors. Letters of distinction were perceived differently. More of them would be good, if the criteria for awarding of them could be regularized, with similar percentages of letters coming from all the clerkships and clerkship sites. These percentages should be low, i.e. 5-10% range.

This group suggested that Letters of Distinction make no sense in the first two years, especially given the way that performance is evaluated primarily by examination. They denied that the Pass/Fail system affected their attitudes towards Boards.

The second group agreed about the general inadequacy and inconsistency of clinical evaluations, but it was divided on whether Pass/Fail should be replaced by Honors/Pass/Fail in the third year. (Two said definitely yes, three said definitely no, and the remainder was ambivalent.) They expressed the opinion that Letters of Distinction made little sense in the first two years. They questioned whether Letters of Distinction should be improved in the third year or whether they should be replaced by Honors. They pointed out that residency directors at other schools don’t know that we have no Honors grade, raising fears of being penalized for having no Honors on their transcripts. If Letters of Distinction are to be kept in lieu of Honors, their significance and criteria must be made clearer to residency directors.

**Discussion**
Dr. Chernof commented that it is difficult to assess one applicant from another within a pass/fail system. Therefore, one of the challenges is to investigate other components of evaluating students (interviews, personal letters, application letters and Dean’s Letters) to help a student stand out from the crowd.

Dr. Parker noted that some Residency Directors have commented that the Dean’s Letters are reflective of the candidate. However, evaluations are problematic, and the Dean’s Letter can only be as good as the evaluations they are derived from. Clerkship directors and faculty need to spend more time on evaluation of students. A confounding factor which occurs with increasing frequency is the fact that faculty often spend only one or two weeks with a student and have little information for evaluating students. Increased teaching in the ambulatory setting will result in more difficulties of evaluation.

A suggestion was made to conduct a survey of residency directors through an intensive phone survey to determine the validity of whether those students who matched were fairly represented in the Dean’s Letter.

There was discussion of whether the focus should be on the grading system or on the content and process of evaluating students. A Letter grade or Pass/Fail is irrelevant if the evaluation process is compromised. More faculty development is needed to ensure that all faculty learn how to give good feedback immediately as well as meaningful assessment.

Before the Pass/Fail, the system was letter grades - - most students received A’s. Current grading forms include performance, skills, etc. A cumulative average of these forms would provide more concrete evaluation, but every clerkship would need to derive a cumulative score in the same manner.

Overall, there was a great deal of support to keep the current system with some modifications. An overarching system to present students accurately and fairly should be created. There will be a full-day workshop on improving the evaluation system in the clinical years on June 16, 1998, and a Clerkships Directors’ Meeting on June 17th to discuss this issue among other topics.

**First and Second Year Curriculum Planning Groups**

The First Year Curriculum Planning Group members agreed that it is impossible to achieve consistency between courses on criteria for Letters of Distinction in part because of the fundamentally different course structures and evaluation measures. The group unanimously agreed that, because of this, Letters of Distinction should not be part of first year evaluation. Letters of recommendation from faculty are still an option.

The Second Year Planning Group also discussed Letters of Distinction and concluded that to participate in the current evaluation system, all courses should try to provide some Letters of Distinction. The recommendation from the second year course chairs is to use whatever evaluative information is available (exams, course chair interaction, small
group, etc.) to identify some students each year for Letters of Distinction. A balanced number of students should receive the Letter, but there is neither a minimum nor a maximum number.

Dr. Slavin commented that further assessment and discussion of the Letters of Distinction is needed prior to the Medical Education Committee making a report of any recommendations to the Faculty Executive Committee.

**MD/MPH Program Proposal for 1999, Dr. Neil Parker**

A five-year program for earning MD/MPH degrees is proposed. The first three years of medical school are unchanged but student must take Early Start rotations to be able to complete all the coursework. In the Fall of the third year, students will apply to the MPH Program; the School of Public Health has agreed to accept the MCAT results in lieu of GRE. Additionally they will accept the original MCAT application and letters of recommendation. They will require a letter of support from the Student Affairs Office.

Medical students can continue in clinical rotations through the end of September when graduate courses begin. Then students will complete three quarters and a summer of MPH coursework. The completion date of the last year is dependent on the MPH department they are enrolled in as the departments of the School of Public Health are separate and have different program requirements. The School of Public Health will hold four or five positions open for UCLA medical students only.

**Informational Report on the New Second Year Curriculum at UCR, Dr. Stemerman**

A more thorough report was deferred until the next meeting due to time constraints, however, in summary, all is well at UCR. USMLE scores support their assessment that students are doing well.

**Progress Report on the Human Biology and Disease Task Force, Dr. Thomas Drake**

Dr. Drake presented on behalf of Dr. Homsher, Chair of the Task Force. The Task Force work is still in progress.

The Task Force has met twice monthly from January to April and began to meet on a weekly basis in May. Members discussed the charge of the Task Force during the first two meetings and course descriptions were given by each of the course chairs in subsequent meetings. The Task Force has had good student representation at all meetings. At the end of April, five individuals were asked by Dr. Homsher to create a curricular structure and present it to the Task Force for discussion. Three proposals were made by basic scientists and two by clinicians. Subsequent to all presentations, other members are reviewing the structure proposals.
A committee consensus has not been reached, however one proposal that seems highly favored includes the following precepts:

- A significant portion of General Pathology concepts would be introduced in the first year.
- There would be more emphasis on physical diagnosis in the first year.
- Biomathematics would be more appropriate in the second year.
- In most of the proposals, CABS and Doctoring would be integrated with the block structure as opposed to being independently running courses.
- There would be a single exam for each of the blocks.
- There would be two cycles rather than individual years because duration would be determined by the content in the blocks. Blocks will be defined in reasonable lengths.
- A beginning block would introduce cell biology, molecular biology and a variety of other topics such as genetics, anatomy, etc. in the first cycle.
- The second cycle would have an introductory block covering principles of health, disease management and more. The blocks would follow the PPD structure but less fragmented.

The goal of the Task Force is to finish deliberations by mid-July and reach a consensus on a proposed structure. Further discussion of content issues and development of recommendations on issues of governance, implementation, administration and appointment of leadership are still needed. The Task Force is not charged with the next steps in this process, which will be to refine the structure and to coordinate content. Implementation and administration of the integrated curriculum will be very complex, and Dr. Robinson stated that this should be a shared responsibility among FEC, MEC, the Dean’s Office and Departments.

The MEC recommended that the Human Biology and Disease Task Force develop recommendations on the issues of governance and implementation, but not to spend extensive time if a consensus cannot be reached.

The meeting was adjourned at 6:40 p.m.