Minutes: Meeting of March 9, 1998

Present:
Drs. Tom Drake, Ron Edelstein, Dohn Glitz, Theodore Hall, Theodore Miller, Neil Parker, Michael Stemerman, Margaret Stuber, John Tormey (Chairman), Richard Usatine, and LuAnn Wilkerson.

Students: Alea Eusebio (MS2), Mouhsin Shafi (MS1) and Andrew Weiss (MS3).

Guests: Joyce Fried, Evie Kumpart, and Drs. Karlon Johnson, Leonard Rome and Anju Relan.

Correction to the Minutes from the February 9th meeting: Alea Eusebio was present.

Drew Primary Care Continuity Clinic, Dr. Karlon Johnson

Drew students are required to complete an education continuum of 94 weeks during the third and fourth years. 58 weeks of required clerkships, 20 weeks of electives, and 16 weeks are for vacation. The structure of the clerkships is similar to that of UCLA. The required clerkships are Anesthesiology - 2 weeks, Family Medicine - 4, Medicine I (third year) - 8, Medicine II (fourth year) - 6, Ob-Gyn - 8, ENT - 2, Pediatrics - 8, Primary Care, Psychiatry - 6, Radiology -2, Surgery I - 8, and Surgery II - 4. In addition to the required clerkships, students are required to take 20 weeks of electives of which 8 should be from the UCLA handbook (4 weeks of 300/400 level courses and 4 weeks of 400 level courses).

Primary Care Curriculum

The goals of the Primary Care Continuum are:

1. to provide students with more exposure to primary care patients and a realistic view of what primary care is like in a longitudinal setting.
2. to provide students with more opportunities to develop and implement long range treatment plans, including education and prevention.
3. to have students observe the impact of their interventions over time.

The Primary Care curriculum has three components: clinical, didactic and research. The clinical component is housed at the Imperial Heights Health Center, which serves as the primary site for the Family Medicine Residency Program. The clinic averages about 1200 visits per month; 50% of the patients are Hispanic, 45% are African-Americans, and 5% are other ethnic groups; they are 60% adult and 40% children. The clinic is expecting more managed care patients in the future.

A main feature of the PCC for medical students is that it is interdisciplinary; attending physicians are from Family Medicine, Internal Medicine, Pediatrics, Obstetrics & Gynecology and Psychiatry. Students attend clinic one-half day/week over 30 weeks. The Student Clinic runs Wednesdays and Thursdays each week. Students are assigned their own panels of patients. They have two hours of direct patient care/week in the Clinic.
Each student keeps a log to track the variety of patients seen and for evaluation. A study of how much continuity with patients students really have in the longitudinal clinic has shown good results. Overall, patient followup is better than 60% -- 100% of students have seen some of their patients more than three times and 50% have seen them at least five times.

The didactic component consists of one-hour weekly on topics focusing on social and community perspectives of primary care and health care policy. A Primary Care workshop is held prior to each clinic to address clinic management issues and treatment of primary care patients. A one-hour wrap up session is conducted in which students review individual cases with an instructor. Seminars are also given to first and second year students where they can interact with Primary Care experts.

The third component is research. During the third year, students receive didactic training on all aspects of designing a clinical research project. Students carry out projects during the latter part of the third and beginning of the fourth year. Projects are presented in a research forum to the Dean and Primary Care faculty. Some projects have been reported in journals. The project topics deal with primary care. Students identify an area of interest and faculty mentors aid them in developing their projects. Student research projects are varied but all must include an epidemiological component. An example is the study of the longitudinal Primary Care Clinic, which produced the results presented above on the numbers of return patients students see. Time for research projects is carved from fourth year curricular time.

Dr. Johnson reported that there are still things to accomplish. (a) Drs. Towne and Hodgson are seeking ways to integrate more managed care components to the curriculum. (b) There is a need to solidify the core group of faculty. (c) Plans to incorporate Family Medicine residents into the program are being researched; as are plans to expand the multi-disciplinary teams. (d) Long-range effects of the curriculum on student education will be measured.

When asked how clerkship chairs responded to students being out of clerkships every week, Dr. Johnson acknowledged that it was difficult at first, but with time the resistance has lessened. When the program was begun, notices were sent to clerkship chairs and faculty reminding them that students would be out each week for their continuity clinic responsibilities.

The typical patient load for students is an average of three encounters per session. Patients are screened and selected for appropriateness for student education. If a patient requires hospitalization, he/she is managed in Family Medicine. Currently, there is no formal link for students to continue to care for a hospitalized patient.

Drew EPCC Activities, 1997-98

Dr. Johnson reported on some of the 1997-98 activities of the Educational Policy and Curriculum Committee, including:
LCME reaccreditation preparation
Core Competencies / Objectives for medical education
Implementation of a new clerkship review system
New geriatrics course.
Ethno-medical science component to incorporate into the longitudinal experience.

Through the Clerkship Review System, the EPCC seeks to assess every clerkship’s progress toward meeting the educational objectives of the School. The EPCC will review course materials such as course syllabus, renewal application form, and student evaluations plus a new component, a field evaluation in which clerkships will be site visited and observations made. These elements will be synthesized and reported to the Faculty Council. They hope to conduct the first field evaluation within a couple of months.

Dr. Johnson was thanked for an extremely informative and interesting presentation on both the Primary Care Clinic and the Drew EPCC.

**Use of Computers in the Curriculum, Dr. Relan, Dr. Parker, and Evie Kumpart**

Dr. Tormey summarized past MEC actions regarding computers in the curriculum as well as a recent history. The freshmen Class of 2000, entering in the fall of 1996, was the first required to have and use computers. Prior to this, the usage of computers was scattered, and individual courses determined the usage of computers for their courses. Despite computer programs in several courses, the Class of 1999 found that they could not reliably communicate by e-mail due to widely varying levels of interest, skill and access to computers. To address this, Drs. Robinson and Parker proposed the computer requirement to the MEC, and it was approved. The provisos from that MEC meeting were (1) more computer applications should incorporated into the curriculum at all levels, (b) the School should provide suitable training to students and faculty, and (3) the MEC must review the computers in the curriculum on a regular basis.

Some of the accomplishments in this realm since 1996 include — (1) Students have become more competent in the use of computers. (2) Students communicate via e-mail. (3) Course and faculty assessment software is being developed to allow students to input their evaluations online. (4) Course websites include current course syllabus materials, and a search engine has been implemented to use the web-based materials as a curriculum database. (5) The Instructional Design and Technology Unit (IDTU) staff, under the Direction of Dr. Anju Relan, have been developing School websites and a wide variety of web-based materials and teaching modalities. (IDTU is an arm of ED&R under Sr. Associate Dean Wilkerson.)

Dr. Parker spoke about innovations in technology in education. He reported that the School is very proud to be the recipient of the AMSA Award for "Leading Medicine Into the 21st Century", especially because our own students nominated the School for the award.
Evie Kumpart reported that new computer requirements have been established for the class entering in fall 1998, taking into account that the computers need to serve students for at least four years. Financial Aid is available to help students purchase computers meeting the School's requirements.

**Microscope Requirement**

An important question, which has come up since the computer requirement was implemented, is whether students should still be required to have microscopes. Many of the glass and Kodachrome slides have been scanned and are available as high quality computer images. This was in part in response to a deteriorating and expensive-to-maintain slide collection. Images have been reviewed and labeled by faculty. According to first year student, Mouhsin Shafi; the result is a better learning tool for students since they can know what they are looking at and learning is more efficient. Currently students either purchase a microscope or are able to rent a microscope for $350 from the Bookstore on a two-year contract.

A discussion of whether microscopes are needed followed. All Pathology classroom work with microscopes is done at multiheaded microscopes that accommodate 13 students with one faculty member. This is very effective, but also very faulty-intensive teaching. Dr. Drake noted that a lot of preparation is required to change a course over to that teaching mode and this has not been accomplished yet for Histology. Also, it is not likely that there are adequate numbers of faculty to teaching both Pathology and Histology at the multiheaded microscopes. Alea Eusebio reported that there was inadequate faculty attention in the Histology laboratory anyway and that the multiheaded microscopes would be useful for group study, more efficient, and less expensive. Mouhsin Shafi added that with the labeled anatomical images on the web (e.g., for the Neuroscience course) students are able to learn the material correctly and in less time.

Dr. Wilkerson will investigate reducing the contract from two years to one year, because students do not need it in the second year. Perhaps the Dean’s Office can be encouraged to purchase students’ microscopes and supply them for the Histology Labs. Because there is a different in looking through a microscope and examining slides as computer images, there is a need to include both methods of teaching and learning to students. There are many commercial histology sets and web-based materials available, but there is also wide variation in quality. Faculty typically have a great deal of conviction about the quality of their own selection of slides.

**Dr. Usatine moved to**

1. **drop the microscope ownership requirement to the incoming class.**
2. **have MEC meet with the Histology course representatives and the Dean’s Office to discuss potential teaching that will be more computer based. Also discuss the provision by the Dean’s Office the number of microscopes the School should own for future teaching.**
The motion was tabled in view of Dr. Tormey’s promise to pursue a discussion with the affected course chairs.

**Instructional Design and Technology Unit**

Dr. Relan reported that IDTU has a budget of $200,000 which faculty can apply for to support development of computer-based course materials. The Student Differential Fee supports IDTU.

Dr. Relan demonstrated Neuroscience course materials developed for this year’s freshman class. The features include optional overlays of labeled diagrams superimposed over tissue images, and the ability to compare images side-by-side.

Students helped generate a program for reviewing histology slides. Student members noted that the computer images are more useful than a high quality atlas, because labels are optional, images can be compared, and they can more easily quiz themselves. Faculty also created a commentary that goes with each slide and labeled slides to assure accuracy. Student comments have been very positive.

Dr. Drake created another application for the PPD course. Students engaged in a self-instructional tutorial while instructors were present to answer questions. Programming can provide a review, a supplement, or be an integral part of the teaching materials.

In the Biological Chemistry & Human Nutrition Laboratory, a nutrition database is available on the web. Students enter their own nutritional information and data can be analyzed.

A Dermatology Program, created by Brian Madden MS4 and Dr. Usatine, was briefly demonstrated. They have developed five cases, which include interactive assessment, clinical decisions, treatment, etc.

This presentation will be continued at the April meeting. The meeting was adjourned at 6:30 p.m.