Minutes: Meeting of May 11, 1998

Present:
Drs. Kenneth Dorshkind, Thomas Drake, Ronald Edelstein, Dohn Glitz, Theodore Hall, Lewis Hamilton, Carol Hodgson, Neil Parker, Stuart Slavin (Co-Chair), Margaret Stuber, Ronald Tompkins, John Tormey (Co-Chair), Richard Usatine and LuAnn Wilkerson, and Janice Continu.

Students: Alea Eusebio, James Higgins, Julie Lipps and Mouhsin Shafi.

Guests: Dr. Jerome Hoffman, Gezelle Miller and Charlotte Myers.

Core Clerkships Task Force – Interim Report, Dr. Jerome Hoffman

The Core Clerkships Task Force was charged to identify a core curriculum for the third year. A presentation by each required clerkship chair was made, and several third and fourth year students were invited to provide comments on their clerkship experiences. The Task Force is approaching consensus on various issues, and a final report will be given to the MEC at a later time.

General principles

1. The clerkships should be organized around a core curriculum rather than specialty education. The primary emphasis will be on content all medical students need to learn, while maintaining some focus on specialties. Individual clerkship chairs will be responsible for developing the core content for their respective rotations.
2. Outpatient teaching should be increased and play a stronger role in all core clerkships. A separate outpatient rotation in the Surgery clerkship and a joint effort between Internal Medicine and Family Medicine (with Family Medicine taking the primary role) are planned.
3. It is important to give students the continual exposure to faculty from multiple specialties. Selected combined clerkships could share didactic material and clinical components. Students would also be exposed to more consultants.
4. There is a commitment to producing uniform didactic material, clinical experiences and evaluation procedures across all sites.

Evaluations

Feedback to students and evaluations need to be improved. Students should be informed of various expectations at the beginning of their rotation and receive on-going feedback.

Interim Report Ideas

1. Implement an intensive, 4-week Introduction to Clinical Years Course as part of the second year to be completed 2 weeks before the start of the third year. During the 4 weeks, students would be learning general clinical skills such as reading EKGs, X-rays, etc.
2. The core clinical year would consist of 48 weeks of instruction and 4 weeks of vacation, beginning July 1st. All students would be required to complete the 48 weeks of core curriculum in the third year.

3. The 48 weeks of instruction would be scheduled in two 24-week blocks. The first block would consist of 12 weeks of Surgery (8 weeks of inpatient and 4 weeks of outpatient), 6 weeks of Pediatrics and 6 weeks of Women’s Health (the latter would consist of Ob-Gyn and coordinated activities with Pediatrics, Family Medicine and Internal Medicine). The second block would consist of three 8-week rotations of Internal Medicine (inpatient), Medicine/Family Medicine outpatient rotation and a Psychiatry/Neurology combined rotation.

4. Radiology would be incorporated into ICY and the introductory curriculum of Internal Medicine. Dermatology would be part of the Medicine/Family Medicine outpatient clinic and Ophthalmology would be incorporated into another core rotation yet to be determined. Details would be worked out for individual clerkships or combined clerkships, such as allocation of time and responsibilities.

5. A subcommittee of the MEC would need to oversee the implementation process.

6. A bookend activity would be implemented at the end of the third year to evaluate and reinforce physical exam and other clinical skills in didactic and small group settings. An introductory week curriculum in each 24-week block is under discussion. In the first 24-week block, an introductory program would be held in the Surgery, Pediatrics and Women’s Health rotations. Introductory programs could include geriatrics, psychiatry, nutrition, etc. relevant to the rotation as well as preparatory curriculum designed by the course chair. In the second 24-week block, an Internal Medicine introductory program would involve more general principles of learning, radiology etc.

The Task Force will meet at least twice more and may conduct a student focus group prior to presenting a final report to the MEC.

Dr. Hall commented that it would be logistically difficult to teach radiology to 120 students at one time as recommended in ICY. The Task Force members felt that students need a core program in Radiology before starting any rotations, followed by practice and specific content incorporated into other clerkships.

Dr. Parker suggested implementing the clerkship phase over two years and reviewed the state requirements for clinical instruction.

The Task Force was charged to plan a core curriculum to be completed in time for Dean’s Letters with some time for elective rotations in the third year. The Task Force members discussed content and agreed that assessing core content is not feasible. Various curricular models were considered, and consensus was reached on the two 24-week model presented.

The Surgery Education Committee has met on a monthly basis to look at the curriculum and to address the concerns raised by students and the MEC. It plans implement a generalist curriculum and an outpatient experience for all students. Anesthesiology is also
being incorporated into the Surgery curriculum. The Surgery Department is also responsible for including Orthopedic and Urology instruction within the clerkship, although there are now separate departments for these specialties. The Department looks forward to implementing an "introductory week" of interdisciplinary didactic instruction with emphasis on physical exam skills.

Task Force discussions have favored opportunities to consolidate and foster integration among disciplines. Family Medicine might be responsible for more than half of the Medical Outpatient Clinic block, maximizing both clerkships. Support was expressed for a Women’s Health Block with multiple disciplines working together.

There needs to be communication between the ICY course chair and the Human Biology and Disease Task Force to discuss the incorporation of ICY into the second year. The ICY Planning Group would like a two-week expansion; a five-day program was approved for this year.

The Task Force is asked to present a final report to the MEC at its June meeting.

A motion was made to approve the April minutes, and it was seconded and passed by a unanimous vote. It was suggested to bold any recommendations, approvals and actions made in the meetings and have the minutes available on the Web. (URL: WWW.medsch.ucla.edu.som.MEC).

Dr. Tormey introduced and welcomed new member Janice Contini, Biomedical Librarian. The LCME recommended that a representative from the Biomedical Library be added to the MEC membership to facilitate interactions on education.

**Match Day Results and Discussion of Pass/Fail Grading System, Dr. Neil Parker**

The percentage of UCLA students going into a Primary Care residency is 66% and continues to be higher than the national figure of 56% (these numbers do not include Ob-Gyn). Detailed information is available on the Web. Only 140 students participated in the Match this year from UCLA, UCR, MSTP and programs because a large number of students will be pursuing other activities.

There were only 19 unmatched slots in the country for Pediatrics as interest in this field has intensified throughout the country. Eleven of 15 Drew students matched in Primary Care, likely influenced by their innovative year-long interdisciplinary primary care continuity clinic.

UCLA had few not from any particular field. In placing unmatched students, current technology allows program directors to obtain all documents and interview students. The changing boundaries are creating new problems and situations which require treatment at the national level.
Several program directors have commented that Dean’s Letters from UCLA do not reveal enough about the student. It is very time consuming to read a five-page letter when assessing a transcript is much easier. Some students, including some who matched very well, have commented that while the pass/fail system is useful for the first two years, it is problematic in the third year. Although more narrative description in student evaluations was anticipated when pass/fail was implemented, that has not happened (perhaps there is even less). More information from faculty is needed to make Dean’s Letters more effective. Some programs ask for transcripts, USMLE scores, etc. before the Dean’s Letters causing students considerable anxiety. Additional information needs to be collected regarding the effects of pass/fail grading.

Discussion of grading and feedback followed. Providing student feedback is more difficult because students have shorter periods of contact time with instructors. Also, Letters of Distinction are used inconsistently (this was also pointed out by the LCME Accreditation Team). The use of Letters of Distinction is unclear in many cases to both directors and students. A review of submitted grades revealed that in fact, only the top three number of the seven point scale are used.

Students are anxious because they are able to stand out from the rest of the class within the pass/fail system. Every student needs to provide a transcript as part of the application packet, but the only descriptors are "P"s.

When the FEC approved the pass/fail system, the intention was built in to assess its success five years later. The FEC has charged the MEC to evaluate and discuss the current status of the pass/fail system, and to report. It is recognized that there are problems that need to be addressed, perhaps by fine-tuning the system rather than elimination. Senior students and residency program directors will be asked to provide information on this issue. Two focus group meetings are being planned with senior students. Dr. Tormey invited members to communicate any suggestions on methods for investigating the issue.

Dr. Hodgson suggested conducting a phone interview; in another study, this method obtained a 75% response rate. Another suggestion was to modify the definition of Letters of Distinction and to include a notation on transcripts. All were reminded that the pass/fail system has not caused students to not match with first choices. UCLA students continue to match very well into their first three residency choices.

The meeting was adjourned at 6:30 p.m.