Minutes: Meeting of February 8, 1999

Present:
Drs. Thomas Drake, Ronald Edelstein, Carol Hodgson, Earl Homsher, Baxter Larmon, Stuart Slavin (Co-Chair), Margaret Stuber, Ronald Tompkins and John Tormey (Co-Chair) and Janice Contini.

Guests: Joyce Fried and Gezelle Miller.

Students: Kristin Carter (MS IV), Todd Drasin (MS III), Barsam Kasravi (MS II), Julie Lipps (MS IV), Nasim Riazati (MS II), Veronica Quezada (MS III) and Aaron Weisbord (MS I).

Electives Subcommittee Report - Dr. Larmon

Click here to review slides used by Dr. Larmon in his report

Elective Program Overview. There are several levels of electives: courses in the 100 series are in-depth, didactic sessions; 200 series is for advanced clinical clerkships; and 300- and 400-level subinternships require that 90% of time must be spent in a clinical setting. The 600-level (research), 700 (away/non-UCLA electives), and 800 series (student designed electives) are not monitored by the Electives Subcommittee.

Requirements. Students must complete 27 weeks of elective coursework, 21 of those must be clinical experiences (California State Licensing Requirement), four weeks of 300 series courses and four weeks of 400 series courses. Up to 12 weeks of away electives may be taken for credit.

Data. Dr. Larmon reported on 1997-1998 data (1998-99 data are not yet available): 337 electives are offered by the Medical School, of these, 320 are at UCLA or an affiliated hospital. Seventeen are offered at non-UCLA affiliated hospitals. The breakdown by series is as follows: 28 courses in the 100 series; 185 electives in the 200 series; 69 electives in the 300 level; and 55 electives in the 400 series.

There are 5,326 elective rotations available per year, and 1,148 UCLA student rotations are scheduled each year. Both third and fourth year medical students take electives. In 1997-98, 522 externs from other medical schools took electives at UCLA and its affiliates. There was some concern that externs might take UCLA student elective spots, however, the clarification was made that UCLA students have first priority in initial scheduling, but once rosters are distributed, electives are open. Current fourth year students reported that they did not have problems getting into the elective rotations of their choice. Of course, externships are opportunities to entice medical students to UCLA residency programs and fellowships.

Dr. Larmon thanked Gezelle Miller and Fran Kissel for their hard work in coordinating the elective and externship programs respectively and for providing information for this report.

Policies for Elective Approval. The following requirements were recommended.
a. All course chairs must have a UCLA faculty appointment.
b. Proposed electives must be educationally and administratively approved by a UCLA department.
c. Proposed electives to be offered at nonaffiliated UCLA sites must be approved by a Medical Director of the sponsoring facility.
d. Educational content must be approved by the MEC Subcommittee on Electives.
e. Courses must ultimately be approved by the MEC.

**Administrative Procedures.** Dr. Larmon proposed the following:

a. Invitations to propose new electives are sent to all UCLA faculty.
b. Applications may be requested from the Clinical Curriculum Coordinator via phone or email and are due in early October.
c. Faculty appointment status is verified.
d. Proposed new electives are sent to the appropriate department chair or a designee for approval and are due in November.
e. The MEC Subcommittee on Electives meets to review electives in November or December.
f. The Handbook of Courses for Third and Fourth Year Medical Students is released and posted on the web in January.
g. An elective description must include curricular objectives. Course evaluations should ask whether or not the objectives were met. The Electives Subcommittee faces a new challenge to address future interactions with the colleges in the fourth year.

**Quality Improvement.**

A "phone-in" evaluation survey system was implemented last year, and Dr. Carol Hodgson is working on improving participation. The results of the phone surveys will be returned to department chairs. Department Chairs and the Course Directors of the electives evaluated at the top 20% will receive a letter of commendation. Course Directors of the bottom 10% will receive a letter and a phone call from Dr. Larmon. If an elective course is in the lowest 10% of evaluations for two consecutive years, the Department Chair would be notified. No electives were dropped last year, but a few phone calls were made.

Faculty and course evaluations are very important and must be given higher priority. Currently, in many electives, if the course chair does not do an in-house evaluation, there is nothing to reflect how or what they have been teaching. Also, greater compliance from students should be achieved.

Evaluation has been difficult because there are so many faculty that students have trouble remembering them as individuals. A system of web-based evaluations is in the process of development, and Dr. Hodgson hopes to pilot it this semester.

Students commented that the elective program works well and made the suggestion that more electives be available in the third year. A first-year student commented that it would
be helpful in choosing electives for students to be able to review how they have been evaluated.

Dr. Larmon suggested not posting students’ grades until they have turned in their evaluations. Students present at the meeting felt that this suggestion was valid and said that it is very reasonable to make anonymous evaluations mandatory before receiving a grade. A system to randomly select a subset of students to evaluate courses is ready to be piloted in the spring by first- and second-year students. Evaluation data is critical to quality improvement efforts and making evaluations mandatory will be considered.

Elective Subcommittee Goals for 1999-2000:

a. Increase returns from student evaluation of faculty and courses.
b. Increase quality improvement efforts.
c. Assist course directors in developing and improving educational objectives.
d. Feasibility of a non-medical seminar series (law, business, etc.)
e. Review of what electives might be missing at UCLA by surveying other medical schools and fourth year medical students.

Motion: It was moved to accept the policies for elective approval recommended for the Elective Subcommittee. The motion was seconded and approved by a unanimous vote.

It was also noted that the proposed administrative procedures are tools that do not require approval by the MEC.

Pediatrics and Obstetrics & Gynecology Clerkships - Dr. Slavin

Drs. Russo and Slavin have met and have made progress since the presentation to the MEC in January. According to current planning, the Pediatrics and Obstetrics & Gynecology block would be two distinct six-week clerkships that have a shared introduction and potential for limited shared didactic teaching. This is may be reasonable due to the limited overlap between the two clerkships as they currently exist. Because there will not be any change in the lengths of the clerkships, there will be an adequate number of slots to accommodate students.

The introduction would be a cooperatively planned orientation lasting two to fours days and including all sites. Basic skills and knowledge would be covered prior to the start of the rotation. Some topics in this phase include: pelvic exam skills, approach to the physical examination of children, and shared didactic sessions on perinatal issues, adolescent medicine and radiology. Students would receive separate grades in Pediatrics and Ob-Gyn.

The Pediatrics Clerkship has increased its ambulatory care focus in recent years across all sites. Areas that need further strengthening include increased observation of students’ performance of clinical skills, improved feedback about performance, and a core didactic series that is consistent at all sites.
The Core Clerkships Task Force recommended an equal distribution between Pediatrics and Obstetrics & Gynecology and that the Women’s Health component should include contributions from Family Medicine; this is still under discussion between the clerkship chairs. The MEC may wish to invite Dr. Russo to a meeting for further discussions.

A student commented that one reason for the resistance from the Obstetrics & Gynecology Department to the joint effort could be that they have already a strong didactic program. He had a good experience and learned a great deal from the rotation. Fourth year students commented that there is very little overlap between the two disciplines as currently taught. Students feel that they need to blend into and be a part of a specialty rotation rather than moving between two clerkships. A student commented that she was happy with the education she got from these rotations.

Dr. Tompkins, who was a member of the Core Clerkships Task Force, recalled that there had been a great deal of discussion of various opportunities to meld the two disciplines, not to keep them distinct. He did not feel that the spirit of those discussions is reflected in this proposal. There was some concern that the clerkship chairs may need some assistance in pursuing this goal.

**Formal Approval of Core Clerkship Proposals - Dr. Tormey**

In July 1998, on behalf of the MEC, Dr. Tormey presented the Core Clerkship proposals to the FEC. He had described how the Core Clerkships would be presented in two 24-week blocks: Surgery (12 weeks), Children and Women’s Health (12 weeks), Inpatient Internal Medicine (8 weeks), Ambulatory Medicine (8 weeks) and Psychiatry and Neurology (8 weeks).

He had pointed out to the FEC that Psychiatry and Neurology were to become a truly integrated clerkship with longitudinal outpatient experiences and with relatively more time for Neurology than is currently the case. In addition fifty per cent of Surgery would be strictly outpatient and would emphasize skills that every physician should have.

Members of the FEC were generally impressed with the proposals and approved the curricular changes in concept, but the members were concerned about loose ends and wanted more detailed and concrete plans for each of the new clerkships, as well as an implementation timeline.

After presentations from various clerkship groups at the January MEC, Dr. Slavin presented an update to the FEC at its January meeting. However, the FEC expressed some continuing reservations. It wants formal assurance from the MEC that it has met with representatives from all clerkships, heard their proposals and is satisfied with the progress they were making and that the progress is sufficient for implementation in the year 2000. The FEC does not expect the MEC to provide a finished curriculum. Dr. Glitz, the Chair of the FEC stated that the evidences discussed today should be sufficient.

**Motion:**

At its last two meetings, the Medical Education Committee has reviewed the current
status of planning for each of the clerkships in the Core Clerkships Phase. Based on this, the Committee concludes:

1. The plans are all consistent with the recommendations of the Core Clerkship Taskforce.
2. The School should expect full implementation of the Core Clerkship Phase in academic year 2000.

The motion was seconded and approved by unanimous vote.

It was suggested that a cover letter including documentation of the motion and unanimous approval along with attachments of all clerkship proposals be sent in advance to the members of the FEC for review.

**Communication of Planned Changes in Curriculum**

Current first year students have been notified that the third-year will be starting early.

Aaron Weisbord (MS I) has announced to his classmates that MEC minutes are available for review on the Web. He is considering summarizing some of the information discussed in the MEC meetings and producing a document to be distributed to students.

Dr. Tormey stated that, once approved by the FEC, the curriculum plans would be posted on the MEC website for students and faculty to review. Once the students had had time to look at these, the MEC would have "town meeting" with the Class of 2002.

Julie Lipps (MS IV) volunteered to speak to the first-year students to provide them with a fourth year student’s view of the upcoming changes.

Todd Drasin suggested periodically sending mass e-mails to everyone notifying them of the availability of MEC minutes and other materials on the Web.

**Approval of January minutes**

*Corrections:*
In the Psych-Neuro clerkship lectures and PBL sessions will be divided between Psychiatry and Neurology the two clerkships — assignment of time has yet to be determined. Students will not spend less than four weeks at one site.

The minutes were accepted with the aforementioned corrections.

The meeting was adjourned at 6:00 p.m.