Minutes: Meeting of January 11, 1999

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

Students: Todd Drasin (MS3), Barsam Kasravi (MS2), Michelle Merjanian (MS1), Veronica Quezada (MS3) and Aaron Weisbord (MS1).

Guests: Drs. Hugh Gelabert and Mark Noah and Gezelle Miller.

Introduction to Clinical Years Course and Radiology Longitudinal Clerkship - Drs. Parker and Hall

The Introduction to Clinical Years (ICY) course is five days in duration, and is taught to all third year students in August. A body of information is taught including skills, knowledge and attitudes. Students have commented that although they have learned skills well in the beginning, they did not feel comfortable performing the same skills six months later. The revised third year curriculum provides opportunities for built in redundancies to address such problems. ICY is in need of a new name that will reflect its character, possibly Clinical Principles.

The revised curriculum will include three blocks that are eight weeks in length (Medicine, Neurology/Psychiatry and Family Medicine/Ambulatory Care), a 12-week Surgery block (including Ophthalmology and Anesthesiology) and 12 weeks of Pediatrics/Ob-Gyn. There will be about 25 students in each eight-week block and about 37 students in 12-week blocks. Winter break would be between the two 24-week blocks.

It is proposed that ICY will be a two-week introductory course and, in addition, will be a longitudinal course of clinical principles which may be one week or several days in length at the beginning of each block. There was a brief discussion of distribution of hours for this course. Dr. Parker recommended having two days from each of the clerkships for clinical principles or related topics; others felt that the clerkship chairs should determine the length and placement of the introductory blocks.

Radiology

Radiology at CHS is currently a two-week course taught seven or eight times per year at CHS and Harbor. Students use independent study materials in the Radiology Learning Lab, and there is a final exam.

Proposal for a longitudinal clerkship. An overview of general radiology would be taught during the course (chest, GI, musculoskeletal systems) through lectures. The majority of content would be covered during the clerkship introductory periods.
The independent study component of the Radiology Clerkship will take the form of electronic interactive teaching files. These files are oriented to anatomic areas and are being developed and piloted by Dr. Hall and members of the Radiology Department. Students will be able to access files via the Internet. This on-going educational component will provide continuous instruction in radiology in the context of the other clerkships. The final component would be an examination.

Highlights of this proposal include: there will be about 33% fewer lecture hours, increased class size (currently about 12 students at CHS and 3-4 students at Harbor), improved exposure to Radiology, and relevant instruction on Radiology according to clerkship/specialty. The next step is to discuss implementation and coordination with each clerkship director.

**Surgery Clerkship - Dr. Gelabert**

The Surgery Clerkship will consist of an Introductory Week, a 5.5 week General Surgery rotation, and 5.5 weeks of Ambulatory Surgery, which is a combined subspecialty rotation including Orthopedics, Head and Neck, Neurology, Anesthesiology and Ophthalmology.

It is hoped that these changes will accomplish the following:

1. ensure a more homogenous experience
2. provide more focus on ambulatory/out-patient clinics
3. integrate ophthalmology
4. incorporate related medical subspecialty fields in the management of surgical disease.

Faculty will develop instructional modules to develop physical examination skills (abdomen, vascular, head and neck, urologic and orthopedic). They expect to be able to accommodate 37 students on this rotation. Surgical subspecialty rotations will be reserved as fourth-year electives (transplant, plastic, etc.).

The Introductory Week will be designed to prepare students for the Surgery course by providing an overview of the discipline and related areas. There will be 25 hours of lectures and 12.5 hours of physical examination skills workshops with daily lunch breaks and daily half-hour morning and afternoon breaks. There will be one physical examination module of 2.5 hours. The modules will include a pre-test, review of goals, demonstration of methods, specific observations made, evidence testing, demonstrated examination using standardized patients, video laboratory, summation and a physical exam post test. Further details are included in their descriptive handout (copy available on request).

The General Surgery rotation will focus on traditional inpatient hospital care emphasizing physical examination and clinical diagnosis skills. The Ambulatory Surgery rotation will provide students opportunities for practicing skills in outpatient evaluation and physical
examination, Anesthesiology and Ophthalmology. The course lecture series and problem
based learning will continue to be coordinated at CHS and Harbor.

Evaluation will be based on the pre- and post tests, the written examinations (midterm
and final), oral examination, and clinical performance.

All students per rotation will meet at CHS for the Introductory Week. Thirteen students
will be assigned to Harbor and 26 to CHS, WLAVA and OVMC; of the 26, 13 will be
assigned to General Surgery rotation and 13 to the Ambulatory Surgery rotation. General
Surgery includes GI Surgery, Trauma Surgery, Pediatric Surgery, and Vascular Surgery.
The Ambulatory Surgery rotation includes anesthesiology, ophthalmology, orthopedics,
head and neck and urology. Students will rotate every 9 days in the ambulatory rotation,
but are actually onsite for seven working days (not continuous). There will be no call
duties during the entire 5.5 weeks. Students will reconvene at CHS for final examinations.

The Surgery Department faculty were given kudos for their great work in developing a
creative and detailed educational plan as their proposal to prepare good generalists.

**Internal Medicine Clerkship, Dr. Noah**

The Clerkship will be eight weeks in duration. On the medical ward, students will be part
of the medical team, responsible for inpatient care and will be expected to be on-call with
the housestaff team. The first four-week block of the didactic series will cover topics
including cardiology, pulmonary medicine, and infectious diseases. The second four-
week block will include nephrology, fluid and electrolytes, gastroenterology and
hematology/oncology. There is some flexibility in the lecture series, but the same topics
are covered at each site. Student assessment will be done by faculty and resident
evaluation throughout the rotation, and a standardized examination will be given. The
final evaluation will be done by the Junior Medicine Clerkship Committee.

The Committee requested a more complete plan, including physical examination skills
training as prepared for the Surgery Clerkship.

**Ambulatory Medicine Clerkship, Drs. Usatine and Noah**

The Ambulatory Medicine block will be 8 weeks in duration. Opportunities for
collaboration include the following.

1. The didactic curriculum could be coordinated according to topics and content to
   prevent redundancy. These will be based on some common themes such as
   common ambulatory health issues, problems and prevention.
2. Dermatology will be included in the block.
3. Consistent evaluation mechanisms using technology such as Internet Weblog.
4. Opportunities to share in teaching and faculty development.
The current didactic curriculum in Family Medicine focuses on family and psychosocial issues in such major topics as prevention, health promotion, nutrition, musculoskeletal exam, contraception and dermatology; these will be continued with some modifications. Internal Medicine will emphasize common diseases of adults in the ambulatory setting.

The current dermatology curriculum is composed of a lecture/discussion and 22 interactive computer-based cases. In the combined clerkship, they plan for students to see patients with dermatologists.

Family Medicine is developing a Weblog to record all patients students see. The program will be Web-based and students can access from all sites with Internet access. This data will be used for continuous quality improvement.

The clinical experiences will be different: Family Medicine will consist of a continuity experience with a generalist and involves child health. Internal Medicine will have a multi-specialty aspect as well as working with generalists.

There will also be areas that will remain independent, including: (1) students will receive Letters of Distinction from either the Medicine or Family Medicine Department and (2) the names of the two clerkships should remain the same (i.e., within the ambulatory block, each rotation will retain the name of the respective department).

While it may be desirable for students have an eight-week continuity experience at one location, it would be logistically difficult with 15 Family Medicine sites and seven Internal Medicine sites.

Dr. Noah commented that the goal of the medicine component is to allow students opportunities to participate in outpatient care in both general medicine and subspecialty settings. Focus will be on obtaining appropriate patient histories and physical exams. Sites for the four-week rotation include CHS, Cedars, Harbor, Kaiser, Olive View, Sepulveda VA and WLAVA, and other ambulatory sites affiliated with these institutions.

The didactic component is a challenge for Medicine to present a formal didactic series at each site; they probably will need to bring students together for at least a half day as well. Students will be expected to manage common problems and enter their patients’ data into their computer-based logbooks. Student evaluation will be based on evaluations from supervising faculty and performance on an in-house exam.

Dr. Noah commented that a continuity experience across the eight weeks is virtually impossible due to the numerous sites involved. Dr. Wilkerson suggested that increased content on Geriatrics is needed.

**Psychiatry/Neurology Clerkship - Dr. Stuber**

Students will be assigned to one of three teams, each with a neurologist and a psychiatrist as mentors who will spend two hours/week of scheduled time with students. This will
provide more standardization. Clinical and full time faculty will lead the small groups. Students will have a two-week inpatient assignment on neurology, psychiatry or psychiatry consultation service each morning, and outpatient clinics each afternoon with a team of residents.

Problem-based learning will take place within the teams. Faculty development sessions will help unify and standardize teaching. A casebook will be used for the clerkship and to prepare for the oral examination at the end of the clerkship. Lectures and PBL session will be divided between Psychiatry and Neurology.

The first two days will be used for an introductory period to learn to take a psychiatric history and mental status exam, to take a neurologic exam and history and about imaging. Mornings will be spent at the primary inpatient assignment. Students will be assigned to one afternoon each in the psychiatry clinic, lecture seminar, primary assignment, neurology clinic and child or geriatrics clinic. Primary assignments will occur every two weeks.

All lectures will be at CHS. PBL groups will be conducted at CHS for groups of 8-9 students. No less than four weeks will be spent at one site. The logistics are complex, but can be accomplished. Clerkship objectives will need to be communicated clearly to students, residents and faculty.

**Women’s and Child Health Clerkship - Dr. Slavin**

Drs. Slavin and Russo have met one time to discuss the joint effort. There is some interest in keeping the two experiences distinct. Students should have the opportunity to do the six-week rotation at different sites with distinct clinical opportunities. There might be some opportunities for collaborative teaching in the Nursery while in the Ob-Gyn rotation and some cooperative efforts in the didactic component of the curriculum.

An introductory week had not been decided; there was concern that it would pull students away from the rotation. It was suggested that introductory instruction might include an opportunity to learn pelvic exam skills at the start of the rotation. A shared didactic program could cover pregnancy, delivery and the newborn period.

MEC members expressed concern that more progress has not been achieved in integrating selected aspects of these two clerkships. A more complete report will be requested for the next meeting.

**Students’ Comments**

Students were positive about the new Surgery curriculum. One commented that the surgery rotation is team dependent, thus having residents interested in teaching and chiefs paying more attention to students would make it a great clerkship. Care will need to be taken that teams are prepared for teaching, or 5.5 weeks will be a very long time. Making relationships with residents and having an active role in learning are important to the
success of the rotation. "Rounds can be painfully long unless the student is playing a more active role."

The student also commented that Pediatrics and Ob-Gyn rotations do not really fit together. Dr. Slavin agreed that the two disciplines do not have much in common. The student felt that trying to bring the two together might be more trouble than it is worth.

A first-year student commented that he appreciated the effort to bring learning skills together in a block because in seeing the immediacy of what is being learned and understanding why it is important will enable students to learn more and ease the transition.

The meeting was adjourned at 6:45 p.m.