Minutes: Meeting of March 8, 1999

Present
Dr. Kenneth Dorshkind, Thomas Drake, Ronald Edelstein, Dohn Glitz, Theodore Hall,
Lewis Hamilton, Carol Hodgson, Baxter Larmon, Theodore Miller, Neil Parker, Stuart
Slavin (Co-Chair), Margaret Stuber, Ronald Tompkins, John Tormey (Co-Chair),
Richard Usatine and LuAnn Wilkerson.
Guests: Joyce Fried and Charlotte Myers.
Students: Todd Drasin (MS III), Julie Lipps (MS IV) and Aaron Weisbord (MS I).

Progress Report to the Faculty Executive Committee, Dr. Slavin

At its February 24th meeting, the Faculty Executive Committee approved implementation
of the new third year Core Clerkship Phase in July 2000. FEC members understand that
not all clerkship proposals are complete at this time, and therefore, have asked the MEC
to report again on further progress. They were convinced that the details will be
satisfactorily developed and that the current curricular proposal merits their support.

Medical Colleges Update, Dr. Tormey

Four medical colleges have been described, and a planning team for each is being
established. Teams will meet approximately every three to four weeks. Their final reports
are due in Fall, 1999. A charge will be provided to each planning team. The next step will
be the formation of the colleges.

"Getting the Word Out" – Communication for curriculum revision, Dr.
Tormey

The curriculum proposal has been presented to and approved by both the MEC and the
FEC, and Department Chairs have been informed with an opportunity to discuss the plans.
Broader student and faculty awareness of the developing changes is now very desirable.
The Class of 2002 will be the first class to experience the new third year curriculum.
Background information along with the history of the curricular changes will be posted
on the MEC Website for student and faculty review. A meeting with the Class of 2002
will be arranged with the help of MEC representative Aaron Weisbord. Fourth year
student, Julie Lipps offered to provide a student’s perspective of the changes.

Several methods of sharing information were discussed.

- A letter offering to present curricular change information at regular departmental
  meetings could be sent to Department Chairs.
- Town meetings would provide a forum for open discussion and communication.
- An e-mail might be distributed widely, providing an address and link to the MEC
  website which will be updated as planning progresses.

Curriculum Questionnaire, Dr. Hodgson
This survey was originally developed by Drs. Wilkes, Slavin and Usatine to study students’ views of the curriculum for research purposes. It is administered at the time students do the Clinical Performance Examination at the end of year three. Interesting findings from the 1998 questionnaire include the following.

**Level of feeling confident in selected areas:**

- Medical history 85% felt confident or extremely confident
- Sexual history 78%
- Psychosocial 71%
- Inpatient 76%
- Outpatient 76%
- Cardiac exam 52%
- Pelvic exam 42%
- Abdominal exam 76%
  (Students actually did best on the abdominal exam in the Clinical Performance Exam, i.e., in the area they felt most confident on.)
- Identifying rash 11%
- Interpreting EKG 13%

**The next set of questions asked students how often they had the following experiences:**

- Excessive scut work 20%
- Pressure to make career choice 39%
- Excessive night calls 15%
- Long work hours 52%
- Anger over lifestyles 9%
- Sleep deprivation 42%
- No time for family 45%
- No exercise time 55%

*Stress over:*
- Failed exam 20%
- Failed clerkship 14%
- Poor diet 32%
- Infrequent days off 36%

This survey can provide valuable information if MEC members wish to develop the questions that would yield productive information. Otherwise, if members do not consider it beneficial, it should be abandoned. In the discussion that followed, there was interest in the correlation between actual skill levels and student perception of skill/confidence determined from the CPX results. Commonly, students felt least competent about the pelvic and thyroid exams which require practice multiple times over several years in order to gain experience.

Questions about stress levels and sources of stress were included in this survey to provide data in response to discussions about the third year being overly stressful. The data
provided evidence that time management issues cause much of the stress students experience. Activities and information on time management have been instituted.

This kind of survey can be very valuable if targeted to answer specific questions. With the implementation of the new curriculum, an evaluation component will be very important and data will be required to assess success and areas that need adjustments. MEC members and clerkship directors should develop questions to include in the survey. This will be addressed further at the next MEC meeting.

**AAMC Graduation Questionnaire, Dr. Parker**

The AAMC Graduation Questionnaire changes from year to year with some questions repeated and some dropped. Content is determined by the AAMC. This year, one area of focus was on sexual harassment. It is perceived that perhaps not a lot of time is invested in answering the questions in this survey because it is long (about 150 questions) and students become fatigued answering so many questions ranging from public health to death and dying.

**Data Report**

Sixty-one percent of students indicated that necessary knowledge, attitudes and skills were made explicit to them (up from 49%). Ninety-two percent of students were satisfied with the quality of the education they (up from 82% last year). Eighty-seven percent felt confident to start their residency programs (a jump from 81% last year’s). Students still indicate that law and medicine, nutrition, geriatrics and pain management are areas of deficiency in the curriculum (although they are covered in the Doctoring courses and elsewhere).

Students’ written comments indicated that major strengths at UCLA include the variety of clinical experiences, the Student Affairs Office staff, outstanding faculty, diversity of students, flexibility of curriculum, great hospitals, research opportunities and the Doctoring curriculum.

Weaknesses of the school were noted as inadequate clinical correlation in years 1 and 2, emphasis on primary care, the pass/fail system and mentoring. In the weaknesses section, however, the maximum number of students who agreed on a particular item was 7 out of 121 respondents. Geriatrics has been listed by students completing this survey as a curricular deficiency for the past five years; perhaps it should be discussed.

A fourth year representative commented that students need to take a proactive role in teaching themselves and/or seeking instruction. A first year student commented that although writing a paper on nutrition was interesting, there was no clinical application of the topics covered.

**Motion**

*Discontinue the current Curriculum Survey and discuss at the next MEC meeting whether an alternative questionnaire should be developed for purposes of*
evaluation. Time and method of administration of the survey will also be discussed. The motion was seconded and approved by a unanimous vote.

**USMLE Step 2, Dr. Parker**

USMLE Step 1 will be computerized in June, 1999 and Step 2 this fall. It will be a semi-adaptive examination. Step 1 consists of seven one-hour modules and Step 2, eight one-hour modules with a one-hour break. Students must take and pass Steps 1 and 2 by November 1st as a requirement for graduation.

In the past, students always had to take the USMLE in June; now it may be taken over a period of time. The MEC may wish to consider all the options and make recommendations regarding a "window" of time within which the exams must be taken.

**Data Report**

Nationally, the numbers are getting better and UCLA continues to stay above the means for both Step 1 and Step 2, without having our curriculum teach specifically toward the exam. Our students perform very well on the USMLE; many students score 250 or above which is in the 99th percentile. The data reflect that something is changing in our students, the school curriculum, or in the preparation for the exam.

This is the first graduating class that is required to pass Step 1 and 2 for graduation. Step 1 should be taken prior to the start of clerkships, and Step 2 should be taken before November 1st. Although students have the option of taking the test anytime, their reservation dates are clustered around the same time as when it was required in previous years.

It was reported that a study demonstrated that computer skills do not correlate with how well students perform on a computer-based exam.

**Clinical Performance Examination Remediation, Dr. Wilkerson**

The MEC was asked to evaluate the Clinical Performance Examination (CPX) remediation process administered this year. The members should determine whether stronger measures are needed, as well as other appropriate strategies for remediation.

The CPX was taken by 181 students (UCLA, UCR-UCLA and Drew-UCLA) in late July to early August. Twenty students needed remediation in one area (a score two standard deviations below the mean required remediation), five students in two areas, two students in three areas and one student in four areas. The components included history taking, physical examination, information sharing (patient education) and patient perception.

About a dozen faculty members were involved in this process. All students received a faculty member’s name as their assigned preceptor and were encouraged to contact them to review the results. Faculty members also received student information and were asked to contact the students.
The 28 student who needed remediation were required to contact their faculty preceptor; the preceptors also actively tried to contact the students; only 20 students have done so. Forms of remediation included reviewing videotapes, reading assigned articles, taking a two-week clinical skills course, etc. Methods of remediation were at the discretion of the preceptor and were varied depending on the student’s weaknesses, etc.

One preceptor commented that while none of his assigned students required remediation, but that none contacted him to review their tapes. Those who made appointments at his initiative cancelled after talking to fellow classmates. They felt that they were being picked on rather than seeing it as a learning experience. The amount of effort that went into setting appointments and seeing students was tremendous.

Twenty-nine students sought a review with a faculty member as a learning experience. Students were told at every orientation to the CPX by Drs. Parker and Wilkerson that remediation would be required if they did not pass. It was agreed that the eight students who did not get remediation must be administered; Drs. Wilkerson and Parker will determine what needs to be done.

For next year, the MEC members favored continuing to require some form of remediation and recommended setting a deadline that is early enough to help student improve in a timely manner. USC and Loma Linda require students who fail to repeat the test, and the cut off they use is 1.5 standard deviations below the mean.

The comment was made that the remediation process is such a powerful tool that it should be available for every student, and perhaps it could be built into the curriculum so that every student could have the opportunity to review his/her performance with a committed faculty member.

Faculty involved in the CPX and remediation process were thanked for all of their hard work; a very small number of faculty invested a lot of hours. If the review process were made available to or required of all students for learning purposes, a much larger cast of faculty would be needed to provide such a service. Thought should be given as to how colleges might be involved in this process.

It was agreed to continue with the required remediation process with enforcement. The process as a learning tool can only be established when more faculty commitment is generated and a more consistent message can be given to students. All types of faculty can be valuable participants.

These issues will be reopened for further discussion at a later meeting.

The meeting was adjourned at 6:45 pm.