Minutes: Meeting of May 10, 1999

Present
Drs. Thomas Drake, Ronald Edelstein, Theodore Hall, Carol Hodgson, Theodore Miller, Neil Parker, Alan Robinson, Stuart Slavin (Co-Chair), Margaret Stuber, Ronald Tompkins, John Tormey (Co-Chair), Richard Usatine and LuAnn Wilkerson and Janice Contini.
Guests: Drs. Ducksun Ahn, Ellen Clymer and Gezelle Miller.
Student: Kristen Carter

Curricular Planning Update, Dr Tormey

The number one agenda of the MEC is to move the Core Clerkship Phase toward successful implementation in year 2000. There will be presentations made during upcoming MEC meetings.

The College Phase is progressing well with three of the four college planning teams already meeting on a regular basis. They should be ready to present reports to the MEC by Fall. The fourth team will be getting underway soon.

Planning for the Human Biology and Disease Phase will not be launched until the Fall.

Current thinking is that the third year will begin during the first (depending on the holiday) week of July. The year will begin with seven or eight days of Clinical Principles course then move into core blocks. There will be a two-week Winter Break, and the second 24-week block will start right after the break. A Spring Break is scheduled at about the 16th-week to provide some "decompression time". Students will not take electives in the third year and generally will not take other breaks. The year will end approximately mid-July, a full month earlier than the current end date.

As the new curriculum is being implemented, there will be a transition period in which clerkship will run old and new curricula concurrently for old 4th years and new 3rd years. To minimize the impact, third year students are being encouraged to fill all early start positions, and clerkship chairs are strategizing to reduce the overlap.

Drew EPCC has formed groups to review their clinical curriculum and to make recommendations to the Faculty Council. Proposals will be presented during Winter 1999; it is expected that the calendars and curricula at Drew and UCLA will be in sync.

Third and Fourth Year Curricular Revision Evaluation Program, Drs. Wilkerson and Hodgson

Presentation

This proposal is a draft, which is based on a meeting of the MEC members who have particular responsibilities for implementing the changes in the new clinical curriculum.
At its meeting, this group developed a list of items that might be important to evaluate as a measure of the success of the upcoming changes.

This list as worked on by Drs. Wilkerson and Hodgson is presented here so to that the MEC membership will have further input to developing of the evaluation procedures.

Evaluation instruments will be piloted at the CPX for the Class of 2000. The Class of 2001 will be the control group, and the Class of 2002 will be the experimental group.

Here are some of the issues:

Competencies should be assessed in terms of the Educational Mission Statement and Educational Objectives.

*Life-long learning*
UC Irvine has developed (through a grant from the National Board of Medical Examiners) a timed exercise intended to test life-long learning skill. The Med West Teaching Facility is being cabled, and a similar exercise can be incorporated in the Clinical Performance Examination.

First year students often do not appreciate the relevance of basic sciences for lack of opportunity to apply what they have learned; the new curriculum should be evaluated for increased knowledge application. Effective skills applications and time management should also be assessed.

*Humanism*
Although this issue is addressed in Doctoring, the exposure is limited. More opportunities for long-term follow up should be built into the new curriculum.

*Communication skills*
Items to evaluated might include:
Focused history and physical exam skills, effectively (may need to be evaluated at more than one point, e.g., progress tests)
Human relations skills
Medical Spanish
Use of translator
Cultural sensitivity

Ability to integrate problem solving across multiple systems

Procedural skills

*Scientific method*
Students will be tested on their ability to critique common scientific research designs to determine strength of evidence. The new third year curriculum may not affect significant change in this area, which may be better addressed in the colleges.

*Cultural awareness*
When clerkships address cultural issues such as epidemiology, population dynamics, etc., student knowledge of cultural differences in health care setting should be assessed, perhaps by means of a progress test.

*Team work*
Clinical ratings by nurses and other health care providers may be used to assess this area.
Leadership
This may be better addressed in the fourth year. Students will need to have to learn better time management skills to be successful in the outpatient setting. Students will learn to make connections and join teams differently outside of the inpatient setting. Psychiatry’s learning teams may be an appropriate evaluation venue.

Beliefs and Attitudes
Student attitudes and perceptions about life-long learning, health care delivery system, and medical professionalism should be assessed. Past surveys have evaluated students’ perception of self-confidence in their clinical/diagnostic skills as well as their perception of whether the coverage of material from the current curriculum is sufficient to prepare them for medical practice. Currently, the Alumni Survey is administered to graduates from medical school one, five and ten years ago and should provide an avenue for such evaluation.

Rather than having individual evaluations and surveys, a single instrument with contributions from all clerkships will be administered during Clinical Principles and CPX in order to maximized response rates.

The system whereby students evaluate their clinical courses is in place, but it will need to be modified: Evaluation of Introductory weeks needs to be made. Students need to report on whether there was better integration across specialties in the new curriculum, and to rate the usefulness of logbooks and other tools.

MEC members are invited to supply questions for survey instruments and to identify the competencies, attitudes and skills they would like to assess.

Discussion
There was a suggestion to redesign the examinations in anticipation of the new curriculum.

There were concerns that students need to be made aware that a second year OSCE will be considered.

The new OSCE will be different from the current FCM evaluation in that it will test clinical decision making skills. Therefore, there needs to be another mechanism to test students’ ability to perform physical exam skills. However, with the new computer cabling at Med West, students will be able to see results before they leave the exam.

A video library was recommended as a review for the eight items most commonly missed during the exam. Another suggestion was made to have faculty train fourth year students to work with underclassmen.

Members were asked to email their suggestions and ideas to Drs. Wilkerson and Hodgson so they can build them into a plan.

The meeting was adjourned at 6:25 pm.