Minutes: Meeting of November 8, 1999

Present
Drs. Kenneth Dorshkind, Thomas Drake, Ron Edelstein, Dohn Glitz, Theodore Hall, Carol Hodgson, Baxter Larmon, Theodore Miller, Neil Parker, Stuart Slavin (Co-Chair), Margaret Stuber, Ronald Tompkins, John Tormey (Co-Chair), Richard Usatine, Kuhn and LuAnn Wilkerson and Janice Contini.

Students: Karin Jacobson (MS1) Nathalie Nguyen (MS3) Apoor Patel (MS2) and Erik Waldman (MS4)

Guests: Drs. Fred Bongard, Kim Crooks, Randolph Steadman and Mary Territo. Gezelle Miller and Charlotte Myers.

Minutes

The minutes from the last meeting were accepted as submitted.

Plagiarism and Medical Student Honor Code

This subject was opened for member’s information and discussion only; no action is required. All commentaries are welcomed.

Drs. Parker and Tormey have been discussing for a few months issues related to the Honor Code, plagiarism, use of the electronic media, etc. The Informatics Group as well as several first-year course chairs have expressed concerns as well. At the beginning of the Spring Semester last year, chairs of the CABS, Doctoring 1 and the Human Biochemistry and Nutrition Laboratory courses discussed with the students their expectations for completing written work, including proper citation of literature. Students were asked to cite sources of information and to use quotation marks when directly quoting or "cutting and pasting" information into an electronic document. Despite this, there were several disturbing instances in which written work lacked appropriate references.

In at least one case, a course chair found plagiarism on a student's final exam, but it was essentially impossible to impose significant penalties because there seems to be no clear policy about consequences of such actions.

Based on a review of the Honor Code and discussions with a few students, it is felt that the Honor Code as currently formulated may not be sufficient. Students have commented that the Honor Code is vague and any consequences are not clear.

Drs. Tormey and Parker will take this issue to the Faculty Executive Committee (FEC) for discussion and possible action. Dr. Parker has already asked student representatives to the Honor Council to render an opinion on whether the Honor Code and related policies need reformulation.
One student commented that the Honor Code needs to be made clear, standardized and reiterated each semester. It should be very clear to both students and faculty what is and is not acceptable.

Dr. Glitz commented that the problem is not just "cutting and pasting" nor copying. The problem is not attributing another's work. Students and faculty must be aware that they are obligated to attribute the work of another person.

**Medical College Didactic Blocks - Discussion**

Questions raised for discussion:

- How many weeks should the didactic blocks be?
- When should these didactic blocks take place?
- Should the colleges share various modules?
- Should they be staggered or take place all at the same time?

The didactic blocks as proposed varied from one to four weeks. Erik Waldman (MS IV) felt that the didactic blocks should be no more than two weeks because more time in the clinical setting is important. He added that didactic block could help prepare students review clinical exam skills as well as basic science foundations. He suggested making the hospital experience better. Dr. Steadman noted that the Acute Care Team felt that the didactic blocks should include procedural exercises, and should not be limited to lectures or slide shows; i.e., didactics should not be a passive experience but interactive.

Dr. Territo suggested that each college didactic block duration, content and structure should be determined by the specific college goals and objectives, rather than those of all four colleges.

Two of the college team reports noted that a second didactic block was impractical. Dr. Miller commented that Drew will use the second didactic block for ACLS training in preparation for beginning residency.

There was discussion of having a one-week second didactic block after Match Day to focus specifically on preparation for residency. The question was raised whether some students might elect a college based on fewer didactic weeks, but student representatives predicted that students generally would select a college based on the curricular content.

The Primary Care College proposal included four weeks for the didactic block based on the structure of the MEC college proposal, but Dr. Usatine stated that it can be decreased without compromising the experience. This period is termed "Retreat" because it should also include time to meet with mentors and to develop relationships and camaraderie with colleagues.

The Acute Care College report recommended a two-week didactic session at the beginning of the fourth year which would include a clinical application of basic science
focus in the mornings and PBL or procedures workshops in the afternoons (about 5-10 days should be sufficient).

The Applied Anatomy College also proposed a more formalized morning sessions with workshops and discussions in the afternoons; a second didactic block was considered impractical. It would be difficult to design a block useful and of interest to students at the end of the fourth year.

It is important to note that a one week initial didactic block would not allow sufficient time to conduct a CPX, review clinical exams, review video tapes, etc. Dr. Slavin added that every moment of the two-week block does not need to be scheduled. Students could use the time to meet with mentors, take care of business, etc. It is also important to remember that students will just have completed 50 very intensive weeks of required rotations.

There seemed to be considerable agreement that a one-week block around Match Day for all students could be useful (e.g., skills preparatory for residency, for a symposium for presenting scholarly work, etc.).

Staggering didactic blocks to allow students to participate in more than one would be difficult and taking two blocks would require a month of the fourth year (likely with some duplicative content) when they need to complete other requirements. Dr. Stuber suggested staggering only the Medical Science College didactic block because it would be useful for all students in developing a scholarly product. This session might be offered two times a year, once as a didactic block and the second time as a course. Planning would be enhanced if didactic blocks expected a fixed number of students. The content might be repeated as an elective. The didactic blocks will be labor-intensive to organize and present; more than one/year would be a serious commitment.

Nathalie Nguyen (MS III) commented that having options in selecting a college is important because many students will not have decided on a discipline. Early communication with students about what each college is about is important. Also, they will need reassurance that changing one’s career directions can be accommodated and it is not career threatening.

**When should didactic blocks take place?**

The revised third year will be very intense. In addition, the didactic blocks should not overlap with Clinical Principles because faculty and space needs cannot be accommodated for both courses simultaneously. Another suggestion was that a break might be scheduled right after the third year or after the introductory block. Placement at the beginning of the fourth year would be important to allow students to schedule away (audition) electives as well as to take the sub-internship electives needed for residency applications. The didactic could be considered an extension of the third year; at the end of that block, students could take a break before starting if they chose to do so. Another option would be for a one-week Spring Break and another break one week prior to the start of the fourth year. Registration in the didactic blocks should be capped.
Planning needs to include:

- accommodation of students who have to repeat a course or who need to start late,
- the intensity of the third year, and
- early match (students need to have requirements completed three months earlier than others).

The third year actually ends the 15th of July if it starts on the 27th of June (54 weeks), thus there will not be overlap with Clinical Principles.

Members did not feel that another Task Force was necessary to discuss these issues and come to a consensus, but could be accomplished by the Medical Education Committee. It was proposed that each college decide placement of the didactic block based on curricular exigencies.

**Other College Issues - Discussion**

*Required Clinical Rotations*

Reports include requirements varying from 8 to 20 weeks. Primary Care College agreed to include some required selectives in order to achieve consistency among all four colleges, i.e., 14-20 weeks. Twenty weeks may be high since the charge stated that 50% of the fourth year would remain elective.

Dr. Wilkerson commented that it would be difficult to oversee a list of 50 elective courses and assure their quality. Each college should be responsible for assuring that elective courses are included in their curriculum are of high quality and meet the goals of the college. Some electives as defined do not exist and will need to be created.

The number of required weeks will be discussed further in conjunction with the actual length of the fourth year.

*Continuity Experience*

Primary Care College has planned a longitudinal clinical experience; the other three colleges proposed variations of a longitudinal experience. It was agreed that variation in this type of experience is acceptable.

*Mentoring*

There seemed to be agreement that that the roles of advisor and mentor are different. The advisor was defined as having a limited role, reviewing students’ schedules and giving residency information. Mentors, on the other hand, typically have a deeper relationship with the student on either a research project or other scholarly endeavor.

The Medical Science College focused on mentoring because working on a project with a mentor would be an integral part of this college experience.
The Applied Anatomy team proposed that the mentor and the advisor should be the same person to avoid discrepancies in advice. However, students should really seek advice and information from many sources.

The Student Affairs Office also provides information and guidance and can continue to identify advisors for students if needed. Specialty advisors are identified in each department. There are Advisory Deans for the first two years.

It is intended that colleges will offer outreach activities such as research opportunities and mentoring/advising to first and second year students. Each college should have a core of faculty who are available and informed the college to assign and/or for students to seek out. Faculty development will be needed and there should be plans for senior mentors to assist junior mentors.

Every student should at least have an advisor those who are interested can seek out a mentor. A mentor should not be required in the Primary Care, Applied Anatomy and the Acute Care Colleges. Students in the Medical Science College will be required to have a mentor.

Scholarly Product

Because is a different emphasis in each college, it is reasonable to expect differences in scholarly products. It should be clearly explained that the quality of one's work will be emphasized over duration of presentation or other quantitative measure. Colleges should state that a presentation of a scholarly project would be required. The length of the presentation can be determined later.

A student asked when students would have time to work on their scholarly project, and expressed concern that there would not be enough time to do meaningful work in the fourth year. It was generally considered that there should be ample time for students to work on these projects.

Dr. Miller reported that Drew students are required to complete a scholarly project (either individually or in a group) and to make a presentation. He stated that there is time in the curriculum for students to accomplish this kind of work. It was initially faced with moderate student resistance, but students now accept is as a requirement of the school. Much of the preparation for the project is done in the first and second years, but most of the work is done during the fourth year. Students are free to propose their own topics.

Members agreed that having some variability in the scholarly project was favorable, but that each college should clearly and carefully outline the requirements and criteria of their scholarly product.

Scheduling and Graduation Requirements

UCLA is at the lower end of the scale in terms of total weeks of instruction in year 4 It might be reasonable to increase fourth year requirements and still have a humane year.
Currently, students start in mid-August and Hippocratic Oath Ceremony is held on the Friday before the first Sunday in June (total 94 weeks). The State requires 72 weeks of clinical course work. Sixteen of the 94 weeks are available for vacation. There are 2 weeks each year for winter break, 2 week of spring break, and a two week hiatus prior to graduation for administrative purposes.

The new schedule will begin six weeks earlier, so that if there is no change in the graduation date, there will be 100 weeks available. The clinical core including Clinical Principles will be 50 weeks. If vacation time remains unchanged, 84 weeks could be available for required course work. There are some arguments in favor of moving graduation date earlier, to accommodate unscheduled time for vacation, moving for residency, etc. Graduation date, unscheduled time, and required weeks of course work need to be determined.

Most internships start on June 24th and most residency programs are requiring new residents to arrive for their core curriculum by the 15th or the 16th of June. The coursework must be completed two week before the actual graduation date. After some discussion, there was a suggestion that the fourth year could end about May 15th and students could stay or return for graduation.

There was discussion without resolution about whether scheduling graduation on Memorial Day weekend would be problematic or helpful to graduates, their families and faculty. It was also suggested that graduation be moved to the 15th of May and coursework would have to be completed by about May 1st. There is room to expand the fourth year curriculum but care must be taken that it would not have a negative impact on student well being. There also needs to be a commitment ensuring that fourth year course offerings are of high quality.

It was suggested that Dr. Parker make a recommendation for graduation date considering all the factors for discussion at the December MEC meeting.

The meeting was adjourned at 7:00 pm.