Minutes: Meeting of October 18, 1999

Present

Students: Karin Jacobson, Michelle Janoff, Apoor Patel and Erik Waldman


Minutes

Dr. Tormey stated that the minutes had been sent to the clerkship planners who presented at the last meeting and had been accepted by them as an accurate record of the information presented.

Addition: The minutes should reflect the concern that was expressed about the difficulty in implementing the various changes due to financial and logistical issues. These include the overlap that will occur for the third and fourth years for the Psychiatry and OB-Gyn Clerkships and recruiting enough faculty to teach the didactic sessions every four week in the Outpatient Clerkship.

The minutes were approved with the inclusion of the above changes with a unanimous vote.

Medical Colleges Planning Team Reports

Note: The written reports from the planning teams were placed on the MEC website a few days before the September meeting. Where the content of the presentation at the meeting is represented in the written report, it will not be reproduced in the minutes -- additional information, variances and discussion are included.

Primary Care College, Dr. Richard Usatine

Dr. Usatine thanked all the planning team members for all of their hard work and especially Dr. Kim Crooks for producing the planning team report.

The goal of the Primary Care College is to provide learning experiences for students who are interested in Primary Care or are exploring the idea of Primary Care. In order to do this the college needs to bring together students and faculty in the primary care specialties including Internal Medicine, Family Medicine, Ob-Gyn, and Pediatrics from CHS and the affiliated hospitals.

Required Clinical Rotations
Students will be required to take one ambulatory and one inpatient rotation. These rotations were not linked to the current 300/400-level system by the Planning Team. The
emphasis will be on providing experiences in both areas of practice. (In the current system, a 400-level course is purely on inpatient service without significant ambulatory experience. The 300-level courses, however, is primarily ambulatory, but can include both ambulatory and patient experiences.) The college will promote learning while retaining the flexibility of the fourth year.

**Selectives & Recommended Electives**
In addition to the topics listed, future courses should be developed to cover the following topics: preventive medicine, reproductive health, sports medicine and violence prevention. Course descriptions are included in the Handbook of Courses, however, these do not fully reflect course content. The College will oversee the quality of the courses approved for this curriculum.

**Didactic Blocks**
A two-week learning retreat at the beginning of the fourth year and one after Match Day are recommended. Potential topics for all four colleges are listed; although each college will have its own didactic block, some overlap among the colleges should be encouraged. Course evaluation will be important.

**Evening Seminar Series and Administrative Structure and Timeline:** Please refer to report.

**Mentoring**
Mentors should be recruited and trained early on. A large faculty development effort will be an essential part of the entire college process.

**Continuity Experiences**
The continuity experience will be similar to that of Doctoring 3 with students participating 1/2 day per week throughout a three-month period at a clinic (such as the UMMA Free Clinic, Venice Free Clinic, etc). The greatest challenge will be getting faculty participation and providing financial support.

**Discussion**
Concern was expressed that the proposed college curriculum includes only primary care experiences while initial discussions provided that students would gain experiences through the college that they would not otherwise get. In response, the planning team felt that the fourth year will still have enough flexibility to allow students to take courses of general interest which will broaden their education. There are only a few course requirements so there is a lot of room for breadth courses.

The College structure will also provide opportunities to develop relationships with faculty members through longitudinal seminars, etc.

The following comments/recommendations were made: (1) There should be mechanisms to introduce the college concept and activities to students in the first three years and (2) It was noted that there is no "return to the basic sciences" component in this college.

**Applied Anatomy College, Dr. Fred Bongard**
Dr. Bongard thanked the members of the planning team for substantial time and effort investments and especially Christina Yoon for administrative support.

**Introduction**
The mission statement for this multidisciplinary consortium is stated in the report. The college will provide a common-base of basic science and clinical information in preparation for internship, residency and beyond. The proposed curriculum includes a two-week introductory didactic block, eight weeks of required rotations, 12 weeks of selectives (i.e., breadth requirements), and the rest of the time (undefined) is available for electives.

**Didactic Block**
The two-week required didactic opening block will consist of an applied review of basic sciences and clinical work. Generally, in an organ-system based framework, there will be morning sessions consisting of applied basic sciences such as applied anatomy, applied physiology followed by afternoon sessions on clinical application, and ending with discussion of future issues such as gene therapy.

**Required Rotations (8 weeks), Selectives and Recommended Electives (12 weeks), and Scholarly Activity/Longitudinal Seminar Series:** Please refer to report.

**Mentoring**
Students should select a college sometime in the middle of the third year. Once the student has tentatively selected the college, he/she will have an opportunity to select a mentor/advisor from a list available through the college administrator or the Website. All students will be required to meet with their mentors right away to review their schedules. How active they are in maintaining the mentor relationship is not mandated.

**Administrative Structure:** See report

**Closing**
Outreach is an important part of the college function. First- through third-year students should be invited to participate in some activities of the colleges, particularly the longitudinal evening discussions.

**Discussion**
Students will be required to make a presentation in the Scholarly Activity/Longitudinal Sessions, however, they will have the freedom to select a topic of interest to them. Student presentations would not begin until September or October. The initial session of the dinner meetings (or perhaps during the didactic block) could include instruction on critical review of the literature and how to give presentations.

It was suggested that Pathology and Orthopedic Surgery be included as involved departments in this college.
A different kind of longitudinal experience was proposed, for example, students might spend 1/2 day per week for three or four months working with mentors on their project. This idea requires further development.

**Acute Care College, Dr. Randy Steadman**

Dr. Steadman also thanked his planning team members for their considerable and thoughtful effort. The planning team changed the name of the college from Emergency and Critical Care to Acute Care College in order to emphasize the multidisciplinary approach to a common goal.

**College Objectives:** Please refer to report.

**Required Clinical Rotations**
No specific courses will be required to make the structure as flexible as possible. Less than 50% of the fourth year would consist of the recommended electives determined by this college.

**Selectives/Recommended Electives**
Selectives and Recommended Electives must address one or more of the three objectives mentioned above. Descriptions are included in the Team report.

**Didactic Blocks**
Everyone on the planning team emphasized the need for a course that focused on procedures such as intubation, chest tube insertion, etc.

**Longitudinal Seminar Series**
These seminars would be student directed and mentored assisted in a journal club format with a meal. Students from all classes would be welcome, but only fourth year students would present.

**Continuity Experiences**
Continuity with patients is generally not feasible in the acute care setting. Alternatively, it was suggested that students would follow patients in rehabilitation, follow up on ethical issues, or meeting with mentors on research or other special projects. These activities are not mandated and would be up to the individual student.

**Mentoring and Administrative Structure:** See report.

**Discussion**
It was reiterated that the Dean has made a commitment to the College program and understands that there will be costs associated with this endeavor.

It will be important for the colleges to work closely with the course directors in evaluating elective courses.
It was suggested that a longitudinal experience might be created in which students would follow patients who have moved out of the acute care setting. For example, geriatrics can be included in these experiences as well as some family medicine experiences. Although having students follow patients through a rehabilitation center experience was discussed favorably, no decisive vote was reached. The planning team felt that the mentors should play a critical role in directing student choices. Some members felt that students should be able to choose from courses outside of their college as well.

**Medical Science College (Interim Report), Dr. Phyllis Guze**

The original name, "Basic and Clinical Research College" was felt to be too narrow in focus. The "Medical Science College" will be the working title.

**Students**
The kinds of students who would likely select this college are described in the planning team report.

**Didactic Block**
Two didactic blocks are recommended, one in the first two weeks of the term and the second would occur at the end of the term.

**Longitudinal Experience**
Rather than a longitudinal clinical experience, students in this college would have one-half day of release time each week to work on a scholarly project with mentors.

**Seminar Series, Scholarly Product, Required Courses and Selectives and Electives:**
Please see report.

**Mentoring**
Mentoring is the core of the college and would provide a link between students and faculty. Both faculty and students must take responsibility to foster and sustain this relationship throughout the year. The longitudinal experience also supports the student-mentor relationship.

**Discussion**
Current electives do not meet the needs of this college; therefore, faculty would need to be recruited to develop new elective courses specific to the broad interests of the constituents of this college. Faculty involvement should be open to faculty from all the affiliated hospitals.

The college mission is to give students insight and experience in an academic environment (clinical or basic research) and to make lifelong learning part of their career goals. The issues of research ethics (human and clinical research) and the full spectrum of their importance should an important component of this college. Some of the themes would be important to students across all colleges.
The Planning Team struggled with what subspecialty practice would be like in the future; they felt it is important to also address future issues.

**Conclusion**

A brief discussion ensured on topics generated from these presentations that may require further exploration and decisions by the MEC. *(See Addendum)*

One member commented that variability among the college curricula is better than to have them all the same. The college curricula should, however, accommodate students participating in some activities in other colleges, as well as planning for shared activities across colleges. In some cases, the seminars, continuity experiences, etc. could be open to all students including those in the first three years. The system should also make it possible for student to change colleges, although this may be difficult if the requirements vary from college to college.

There is enough flexibility in the fourth year that students can make the curriculum work for their favor. It is crucial to have a strong, central mentoring program.

The presenters were thanked and commended for their hard work and leadership in bringing the college curriculum planning this far.

The meeting was adjourned at 6:55 p.m.

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**Addendum: Future Discussion Topics**

*The following list includes the topics raised at the meeting as well as those generated afterwards by the MEC co-chairs and staff.*

**Scheduling and Graduation Requirements**

- How long should the fourth year be?  
  Should graduation be earlier than currently?  
  How much vacation time should be available in the fourth year?  
  How many weeks of coursework should be required for graduation?

- We need to reexamine fit between requirements of School, the State and the Colleges. For instance, shall we modify our current graduation requirements?

**Required Courses** *(in addition to didactic blocks)*

- Currently the various Colleges require between 0 to 20 weeks of required rotations. Should the Colleges adjust their recommendations to achieve greater
consistency across Colleges?
Note that 20 weeks + a didactic block arguably exceeds the 50% free elective rule.

Didactic Blocks

- How many weeks should be given over to didactic blocks, and when should these occur? (Current plans vary from one to four weeks.)
- Will it be feasible to share modules among different College's didactic blocks?
- Can didactic blocks and other activities of the various Colleges be staggered so that they can be attended by students from different Colleges?
  If so, should there be limits on number of students who participate in a given session?

Continuity Experiences

- Proposed "continuity experiences" are highly variable. Do these need to be more precisely and uniformly specified?

Mentoring and Scholarly Products

- Are the plans for mentoring adequate?
  Should mentoring be optional?
  Is there acceptable consistency among the Colleges?
  If mentoring is optional, how do we assure that all students are adequately "advised"?
- Expectations for "scholarly products" differ considerably and are not clearly spelled out. Should these be tightened up and made more uniform?
  What exactly would the minimum standard be?
  Is a short presentation a sufficient scholarly product?
  Should the development of the scholarly products be mentored?

Miscellaneous

- Are there curricular proposals from individual College teams that warrant consideration for development and/or implementation across Colleges?
- There were several recommendations for "new", "revised" and/or "integrated" courses. Should there be a coordinated approach to developing these and to avoiding redundancy?
- Do the College curricula adequately address the goal of reintroducing basic science in the fourth year?
- To what degree should the Colleges have a presence in the first three years?
  Seminars open to all students have been suggested, alternating among the Colleges. Should we be concerned whether potentially large attendance would
adversely impact the group dynamics of the College members and the seminars themselves? (E.g. a seminar for an audience of 100 is really a lecture.)

**Evaluation**

- A system is needed for improved quality control of existing fourth year electives, including quality standards to be met for inclusion in college-recommended lists of selectives/electives.

- A system is needed for approval of new courses that will be created to address college-specific as well as cross-college needs.