Minutes: Meeting of May 10, 2000

Present:
Drs. Bruce Chernof, Thomas Drake, Theodore Hall, David Johnson (for Dr. Stemerman), Baxter Larmon, Stuart Slavin (Co-Chair), Margaret Stuber, Ronald Tompkins, Richard Usatine and LuAnn Wilkerson
Guests: Drs. Susan Baillie, Kim Crooks and Arthur Gomez. Also Gezelle Miller and Charlotte Myers
Students: Karin Jacobson (MS I) and Apoor Patel (MS II)

MD/MBA Articulated Degree Program, Dr. Bruce Chernof

Dr. Chernof presented an update on the combined MD/MBA Program. The first cohort of students was admitted to Anderson School of Management in Fall 1998, and they will graduate with MD and MBA degrees in June 2000. The Program curricular structure is best depicted in the attached schematic; it essentially covers two years, one full year at Anderson School and an integrated fifth year with two summers mostly spent in medical school electives. Precursor experiences have been constructed to allow students considering management or administration to test their skills and to probe their interests. An Advisory Board has developed a set of objectives for the combined areas of the program and building on the objectives of each school. Two integrated electives have been created for piloting this year; these incorporate a curriculum which integrates a component and a clinical component covering related topics.

Dr. Chernof holds a monthly informational meeting for 1st and 2nd year students who are considering the program. Student-organized dinner seminars with guest speakers are excellent in promoting camaraderie among the small cadre of students and bringing them important outside information about career opportunities and current trends in the health care industry.

There was an open discussion on the issue of MD/MBA program students’ schedules within the context of the new fourth year college system. There was general consensus that the requirements for these students should be considered carefully and that perhaps a separate college is warranted. This will be discussed further.

There was a great deal of enthusiasm for the strength of the structure of the program, the outstanding mentoring arrangements, and the integrated aspects of the curriculum. Dr. Chernof was congratulated for a well thought out and well executed program.

UCLA School of Medicine Curriculum on Cultural Competence, Dr. Art Gomez

UCLA and Drew were jointly awarded a three-year federal grant for creating a curriculum in cultural competency. Cultural competency is defined as being culturally competent in someone else’s culture. and in the context of health care, it is described as health care that is sensitive to the needs and health status of different population groups. In 1999, the AMA defined the essence of what they considered important for all American physicians to know in the area of cultural competence. There are economic advantages of training culturally competent physicians: improving quality of care to all
patients, expanding markets, maximizing retention rates, and more cost effective care is provided through improved doctor-patient understanding. Equally important, new LCME standards for accreditation, adopted in February 2000 include a statement that "Faculties and students must demonstrate and understand the matter in which the people of diverse culture and belief systems perceive health and illness and responses to various symptoms and treatment." Medical students should learn to recognize and appropriately address gender and cultural biases in health care delivery.

The goal and objectives of cultural competence, relative to knowledge, skills/abilities, and attitudes are fully defined in the attached curriculum document. Dr. Gomez noted that they will be recruiting faculty to help design and implement the next steps. Some plans include development of a web page to present pertinent information with direct links to related sites, several informational events, and information will be collected and made available to encourage students to select electives based on their cultural orientations; clinical electives at Drew, UCLA and the affiliated hospitals provide an extensive and rich cultural diversity from which to select.

It was suggested that if the training and experiences end with medical school they will be forgotten, and therefore, a curriculum should be developed that addresses cultural sensitivity beyond four years. Training in graduate programs could provide the foundation and background to help residents and physicians develop the skills and attitudes to approach any cultural differences appropriately. Hopefully, sensitivity training would filter upwardly as well to faculty and others. Perhaps another curricular effort can be developed to address these issues at the graduate level.

It was noted that cultural issues are addressed extensively in Doctoring courses, but that there are other courses, such as CABS and clinical rotations where topics can be introduced. Some faculty would appreciate assistance in introducing culturally sensitive material without stereotyping groups.

Dr. Gomez was asked to assemble and lead a small team that will interface with different groups of faculty involved in curriculum planning (i.e. block task forces, colleges, core clerkship committee)

Course Evaluation Book, Dr. LuAnn Wilkerson

Three "preview only" copies of the book containing only course evaluations from 1998-99 and 1999-2000. These included courses from UCLA basic sciences and clerkship rotations and Drew clerkships. The book does not include any faculty evaluations. It must now be decided how the information should be shared. It is important to be sensitive to what kinds of interpretations can be made (for example, all "low return rates" are so noted on the data sheets). Course Directors have written statements addressing concerns expressed in past evaluations and what changes have been made in response to student critiques. Student members of the committee were keen to have the course evaluations made available widely. They felt that they information included there should be available for students to review when selecting sites for rotations and elective courses.
It was suggested that these issues be referred to the MEC Leadership Group to decide how best to proceed from here.

The meeting was adjourned at 7:10 pm.