Minutes: Meeting of September 13, 2000

Present
Drs. Thomas Drake, Ronald Edelstein, Carol Hodgson, Neil Parker, Stuart Slavin (Co-Chair) Margaret Stuber, John Tormey (Co-Chair), Ronald Tompkins, Richard Usatine, LuAnn Wilkerson

New Members: Drs. Anthony Adinolfi, Jonathan Berek, Joan Kaplowitz, Mark Noah, Randy Steadman, Carolyn Schanen, and Michael Sofroniew

Student Members: Jennifer Carnell MSII, Sukey Egger MSIII, Karin Jacobson MSII, Alex Nguyen MS IV, and Apoor Patel MSIII

Guests: Susan Baillie, Kim Crooks, Bruce Howard, Elliott Landaw, Janet Pregler, Robert Ross, and Charlotte Myers and Gezelle Miller.

Announcements

Dr. Carol Hodgson is leaving UCLA to become the Director of Medical Education at UCSF, with special emphasis on research. Dr. Stuart Slavin is stepping down as co-chair of the MEC in order to assume responsibilities as co-Director of the Primary Care College. The FEC is considering candidates for a new MEC co-chair.

Dr. Tormey briefly introduced new members of the committee.

Length of Sub-Internships and Other Fourth Year Electives

The College Chairs have begun regular meetings to develop the new fourth year curriculum. Most current fourth year electives are four weeks in duration. The College Chairs proposed three-week elective courses to address the concern that the new curriculum would reduce flexibility and limit opportunities for rotations. Students would also be able to participate in some core activities of other colleges.

The fourth year includes 30 weeks of electives and 12 weeks for vacation. The College Chairs proposed that introductory blocks for two of the colleges, Primary Care and Applied Anatomy, would be scheduled in the first three-week block and two colleges, Medical Scientist and Acute Care, would have introductory blocks in the second three-week period. The introductory didactic blocks would be two weeks in length, plus one week of vacation. This assures at least a week of vacation and four three-week elective blocks before November 1. If electives were four weeks in duration, students could only have three rotations in the same period.

Sukey Egger, MSIII, commented that many students consider three-week electives a great idea, but here there is concern about being able to schedule away rotations at other medical schools with a more common four-week-based schedule. She suggested offering several 1-2 week rotations, in order to accommodate both schedules. Alex Nguyen, MS IV, said that he prefers four-week blocks, but that usually by the third week, students have a good sense of the rotation.

The motion to accept the proposal was seconded and approved unanimously.
Dr. Ross expressed his appreciation to his co-Chair, Dr. Eric Brass, and the members of the planning group. The committee reviewed complete curricula from various schools (Stanford, Case Western, et al.) Some concepts were adapted from these. Please refer to the preliminary report and handouts prepared by Drs. Ross and Brass. Dr. Ross noted that the Doctoring course was not represented in this group, which was a deficit.

The first year includes topics from physiology, gross anatomy, cell biology, histology, problem solving sessions, and physical examination techniques. A goal of the committee was to increase integration of these topics so that surface anatomy, gross anatomy, and physiology of the heart will be covered within a day or two of one another in the first six weeks. The last two weeks will cover topics to interrelate the three organ systems as well as a critical review of the relevant medical literature (historical or current) as a springboard to covering disease processes. Biostatistics and epidemiology will be emphasized in sessions lead by the students with faculty facilitators. The planning group felt that there should be a disease-oriented approach, even in the first year, although emphasizing the normal aspects of each system.

The second year format is similar to that of the first year but covering pathophysiology of disease, infectious diseases, oncology, pathology laboratory, computer based learning, and pharmacology and therapeutics. The first six weeks will be taught by organ system, and weeks seven and eight will include problem solving sessions, using topics such as shock, genetics, environmental and lifestyle aspects of disease. Critical review of the literature will be included in week 7 in a review of the management of disease and continuation of the biostatics and epidemiological aspects of the literature. To begin to bridge to molecular aspects of disease, a one-week session called "molecular biology and diseases" will cover topics such as chronic fatigue syndrome and cystic fibrosis, etc.

Notes:

- The Planning group did not include the rheumatological diseases; the members suggest perhaps establishing another block called "systemic diseases" at the end of the first or second years, or both, as a unifying feature to tie the preceding content together.
- Alternative approaches to medicine should be included somewhere in the first/second year curricula.
- Surface Anatomy should be emphasized throughout as a means of bridging from anatomy to the physical examination.
- Biochemistry of lipoproteins and coagulation is included here because it was not in any other block, but it may fit better elsewhere in the curriculum.
- The members of the planning group felt very strongly that a cultural change is needed in the medical school that recognizes and rewards teaching; credit should be given to faculty who are involved in planning and teaching in these blocks because this will be a very teacher-intensive curricula.
Discussion

The planning group expressed a desire for a multidisciplinary faculty involvement in teaching this curriculum; however, it will be to the next planning phase to decide which departments to involve, which will take the lead in each block, what will be the role of the Dean’s Office, etc. Students noted that the schedule makes sense and looks fabulous; another remarked that the planned redundancy is important.

Dr. Ross was thanked for an outstanding effort and an informative progress report.

Human Biology & Disease: Metabolism-Nutrition-Reproduction Block Report -
Drs. Bruce Howard and Janet Pregler

Please refer to the preliminary report and handouts provided by Drs. Howard and Pregler. Some of the resources reviewed and which played an important role in forming the basis of their proposed curriculum include: USMLE requirements, the current UCLA first two years’ curricula, and an email survey of all UCLA students regarding metabolism, nutrition and reproduction in our curriculum (primarily asking what current content should be retained or deleted); interviews of faculty at other institutions and interviews of UCLA faculty.

The block 3 curriculum is based on five diseases: diabetes, hepatitis, diarrhea, infertility, and osteoporosis. They have included structure and function, pathophysiology of these diseases, and related clinical medicine. Generally, structure and function is planned in the first year, clinical medicine in the second year, and half of the pathophysiology is covered in each year. They recommend an introduction to physical diagnosis in the first year as well as the use of standardized patients.

The planning committee addressed the concern that perhaps a weakness in the current curriculum is the enormous content presented, but with too little opportunity for students to apply the information. The committee agreed on four contact hours per day, five days per week; two hours of lectures in the morning and two hours in the afternoon with activities in applying the material.

One weekly afternoon session would be in small group, case-based discussions. They recommend clinical application technique based on clinical-pathological conference reports from the New England Journal of Medicine which are then related to lecture content (currently a successful practice in the Biological Chemistry course). Another clinical application would be a visit with clinical preceptors, ideally to see patients with one of the five diseases that form the base of this course. A fourth application is a visit to a clinic; each student (in three groups of three-to-four students) will visit one of eight clinics (some clinic visits would have to be scheduled during their free time). And a fifth clinical activity would be patient presentations in the classroom.

No time has been scheduled for examinations in this block. It was suggested that the MEC should establish a task force to develop an examination policy for the first two years. Some ideas were that all exams should be computer based, that they should be
interdisciplinary, and that students could take exams at times that suited them, e.g., weekends, in the week after the block ends, etc.

This is a very faculty-intensive curriculum, and the question repeatedly came up as to who would do the teaching. The committee felt that department chairs need to be involved in assigning faculty to teach.

Discussion. Concern was expressed about seeing patients in clinic when the students won’t have had a chance to practice interviewing using standardized patients. Currently, they spend the whole first year learning interviewing techniques. The planning committee took the information from the previous task force which suggested that learning the basics of interviewing would not take the whole year. This curriculum does include aspects of taking a sexual history and consideration of domestic violence, but that interviewing should be part of block 1. The steering group will have to oversee all of these kinds of ideas because the incorporation of Doctoring content has not been addressed. There was strong sentiment in the planning committee that Doctoring content should be incorporated into the disease-based instruction, and that the small group discussion cases would be like both CABS and Doctoring.

The planning team expects to set up time slots during which students can begin an independent activity to be pursued over the first two years. A student commented that 20 hours/week scheduled time is a good goal, but if an important topic such as interviewing experience would be omitted, an exceptions should be made.

Another student comment was that it is good that the USMLE list of topics has been reviewed so that everyone can be aware of what Board related material is covered and what is not; in this manner students will know what they are responsible for outside of class preparation.

The planning group recommends that students use textbooks of medicine, pathology and physical diagnosis right at the beginning of medical school. These are used at other medical schools adopting this kind of curriculum. Several faculty members believe that this will be very beneficial in understanding an integrated curriculum. There are also online textbooks and references that can be very helpful.

It was requested that evaluation of teaching be discussed again by this committee, specifically, how to get the information back in a more timely fashion so that it can be used to improve instruction most effectively.

Drs. Pregler and Howard were thanked for their tremendous efforts and for the informational progress report.

The meeting was adjourned.