Minutes: Meeting of December 12, 2001

Present:
Drs. Thomas Drake, Ronald Edelstein, Theodore Hall, Mark Noah, Neil Parker, Shobita Rajagopalan, Stuart Slavin, Randolph Steadman, Margaret Stuber (Co-Chair), John Tormey (Co-Chair), and LuAnn Wilkerson and Janice Contini (for Joan Kaplowitz).

Students: Mailan Cao (MS I), Sarah Kennedy (MS II), Amy Olin (MS II), Amy Stenson (MS III), and Donna Zulman (MS I).

Guests: Pat Anaya, Gary Diener and Gezelle Miller and Drs. Susan Baillie and Kim Crooks.

Announcements

PubMed
Janice Contini informed that Melvyl Medline would no longer be available effective December 21, 2001. To replace its functions, the University of California Health Sciences Institution worked with the National Library of Medicine to create some UC-specific features on PubMed. These can be accessed via the BioMed Library Website.

VitalBook Update
Dr. Tormey informed that the presenters have not provided an answer to his question about the actual implementation cost, nor his request for guidelines. This issue will be on hold until they get back to him.

Cardiovascular, Renal, and Respiratory Course Update
Dr. Tormey informed that the Cardiovascular, Renal, and Respiratory Course (CRRC) Taskforce has the block roughly mapped out. The members are now in the process of developing objectives and selecting or creating cases for the course.

Minutes

Minutes from the October and the November 2001 meetings were approved as written.

Evaluation System - Dr. Susan Baillie

Dr. Baillie informed that the Web-based evaluation system is working effectively. The average response rate from students is about 90-95%. The response rates have increased significantly for clerkships, electives and their faculty. The elective course data will be given to the College Chairs in January for their review of the elective curriculum.

Students are responsive to the on-line evaluation system, and their comments have been very constructive and legible, and the Course Chairs have used the data to make changes in the curriculum. The course and faculty evaluation summaries are not distributed until student grades are submitted. Dr. Baillie invited student representatives’ comments and suggestions.
• There should be an opportunity to give on-going evaluation by having it throughout the semester rather than at the end. Having a quarterly comment box was suggested.
• Have evaluations after blocks within a course so that faculty can be evaluated immediately after they have finished giving their lecture series. Gary Diener reported that this method was tried, and only about 5% of the students evaluated early. Amy Stenson stated that the majority of students would wait until receiving an email reminder to complete the evaluation at the end of the semester.
• Posting faculty pictures was suggested; this is a work in progress.
• A student was concerned that the data reflects the opinions of the "outliers" who either loved or hated a course. Dr. Baillie commented that many students are providing comments. For example, out of 150 students, 93 students provided comments on the CABS course last semester. She felt that the comments are fair.
• Student representatives were encouraged to collect their own data and to provide them to the Course Chairs.

All students are required to give an overall evaluation of a course with an answer to answer one question, and are invited to provide comments (unlimited) on the course. Then randomized groups of 35-40 students complete a detailed evaluation of all lectures; small groups are evaluated by all students. Dr. Baillie informed that these two sets of data are similar. The first year students wanted to have the opportunity to evaluate all of the courses, however, the third and fourth year students commented that it was advantageous that students are not required to do so. Students were encouraged to let Dr. Wilkerson and her office know of any concerns. Dr. Parker and his office and Dr. Baillie and staff are available as well.

Dr. Stuber commented that a better "feedback loop" is needed in the system. Dr. Wilkerson stated that the feedback loop for the faculty has improved but the feedback loop for the courses needs to improve. The MEC is charged with the review of the quality of the curriculum, and must decide what should be done with the data that is now available.

PPD Course Evaluation - Dr. John Tormey

Dr. Tormey informed that there was 100% response rate this year. Students’ attendance drops as the time of the Boards get closer.

The following scale was used to evaluate the course:
1 = Needs improvement
2 = Less
3 = Effective
4 = More
5 = Outstanding

Most of the PPD mini-courses averaged 3 ("effective") with a couple averaging 4-5 ("more" - "outstanding"). None received a 1 ("needs improvement"). However, the comments indicate a clear need for improvement in most of the mini-courses. There is a
little disconnection in how the scale is used and what the comments reflect. Cardiovascular and Hematopathology sections were the highest rated, each averaging a 4.4 rating. Dr. Parker suggested changing the wording of the anchors. Dr. Wilkerson informed that the current anchors were selected to not offend anyone.

Dr. Noah commented that the attendance rate in these courses was disturbing. He asked that maybe another form of teaching should be considered if students continue to miss so much class time. Amy Stenson agreed that attendance is a problem and should be discussed in detail at another time. Students suggested doing some of the afternoon FCM sessions and preceptor meetings earlier in the year. They commented that the first three weeks of the second year is pretty relaxed.

Dr. Baillie informed that the following actions have been taken with the PPD course data.

1. She analyzed the data and met with Drs. Tillisch and Naeim, PPD Course Chairs.
2. After reviewing the data with Dr. Baillie, Drs. Tillisch and Naeim contacted faculty and mini-course Chairs and gave specific feedback.
3. The chairs hosted a faculty retreat and incorporated the evaluation data into the planning process. Individual faculty received specific feedback.

After substantial discussion, the following motions were made.

MOTION #1:

*Dr. Wilkerson moved that courses in the first two years with an average rating over 4 should receive a commendation from the MEC and be invited to share their best practices with others. The method of sharing is left open (in writing, workshops, etc.).*  

*This motion was seconded and unanimously approved.*

MOTION #2 (as amended):

*Dr. Steadman moved that the Chairs(s) of courses receiving an average rating below 3 meet with a subcommittee of the MEC to review the evaluation and to discuss the problem(s). They should then devise a plan of improvement with their faculty to address the problem(s).*  

*This motion was seconded and unanimously approved.*

Graduation Requirements (weeks, credit, etc.) - Dr. Parker

There has been substantial dialogue in College Chairs and the Clerkship Chairs meetings about the issue of graduation requirements.

**Requirements**

Current minimal requirements in the third and fourth year:
Clinical 72 weeks
Either clinical or non-clinical 6 weeks
Total weeks of instruction 78 weeks

Third year: Required clerkships 48 weeks
Fourth year: Required weeks 30 weeks

Foundations
The current curriculum has one week of Clinical Foundations in the third year and one week of College Foundations in the fourth year. These foundations programs are required. If students do not or cannot attend, they are required to make up the missed sessions. However, these are not accounted for in the total weeks of instruction. If they were, the School would have a total of 80 weeks of instruction, instead of 78.

MOTION #3:

Dr. Drake moved to increase the number of required weeks in years three and four to 80 in order to give credit for both the Clinical Foundations and the College Foundations courses.

Discussion: Dr. Parker informed that there are 80 weeks of instruction, however, the School has not previously accounted for the added two weeks of Foundations into the count. Changing the numbers from 78-80 will not have any implication for repeats, etc. Students will receive a pass/fail grade. It is important to note that this change will not mean an increase in the curriculum because the issue at hand is an accounting one. The College Chairs informed that students are required to sign in and absences must be excused and approved by the Chairs in advance. The change in the weeks will also apply to the MD/MBA College even though they do not have a Foundations course, but they do complete enough course work to meet the requirement.

The motion was seconded and unanimously approved.

Concurrent Courses
Doctoring 3 and Longitudinal Radiology are concurrent with other required clerkships and are listed on the transcript, but not credited to the 78 (now 80) weeks toward graduation. This is due to the fact that they are "concurrent" courses, in which the student loses time from the clerkships that they receive credit for. Members had no objections to this.

Double Credit
Students are receiving "double credit" for Medical Spanish, Literature in Medicine, Salvation Army and Doctoring 4. These elective courses are similar to Doctoring 3 and Radiology, where a student is already in a clerkship for credit, however, they can also receive credit for these four elective courses which count toward the 78 (now 80) required weeks.
Medical Spanish: Students are excused one day every two weeks for Doctoring 3, which begins at 9:00 am; Medical Spanish is taught from 8-9 am. Students can elect to "sleep in" or can elect the Medical Spanish course for credit.

Literature in Medicine: This evening elective course is offered after clerkships that might have night call. Amy Stenson informed that students do not escape night call, but must reschedule.

Dr. Parker felt that all coursework should be included on the transcript and reflected in Dean’s Letters. However, the MEC should determine whether concurrent courses should be for credit and whether the number of "double" weeks be counted toward the required 30 weeks of electives.

Dr. Drake suggested that courses that do not displace other courses should get credit whereas courses that do, should not.

Dr. Slavin felt that the Doctoring 4 elective is similar to Doctoring 3 and should not get double credit for participation. He felt that it does displace another course and, therefore, should not be credited. Dr. Wilkerson suggested that decisions should be made on a course-by-course basis; however, Dr. Stuber felt that there should an overall policy. Dr. Slavin asked that this issue be tabled for the next meeting because it requires more discussion and investigation. Dr. Wilkerson commented that she would bring these courses’ syllabi for the members to review next time. The student representatives were asked to poll their peers for input. It was agreed to table this issue for next time.

The Chairs wished everyone a happy holiday. The meeting was adjourned at 6:30pm.