Minutes: Meeting of March 14, 2001

Present:
Drs. Ronald Edelstein, Theodore Hall, Mark Noah, Stuart Slavin, Margaret Stuber (Co-Chair), Ronald Tompkins, John Tormey (Co-Chair), Richard Usatine, and LuAnn Wilkerson.
Students: Sarah Kennedy and Lisa Rood.
Guests: Drs. Susan Baillie and Kim Crooks and Pat Anaya, Shelly Lau, and Charlotte Myers.

Minutes and Announcements

The minutes from the February 14th meeting were approved as written.

The MEC decision to shorten the Foundations Blocks was sent forward and each of the College Advisory Councils has approved the proposal and shortened its Foundations Block to one week. The Acute Care, Applied Anatomy and the Medical Science Colleges will begin their Foundations Blocks on July 9, and the Primary Care College will begin on July 30.

"Physicianship" in Undergraduate Medical Training - Dr. Mark Noah for Dr. Parker

The issue of professionalism was presented by Dr. Parker at the last Clerkship Chairs’ Meeting. The concept is to try to help students with issues of professional behaviors/attitudes rather than with clinical performance or knowledge base, hopefully to remediate their problems. There are generally few students to whom these practices would apply, but it is easy for the issues not be addressed by individuals or clerkships because performance is seen as a partial picture. UCSF has developed and evaluated a program that addresses professionalism.

UCSF Program:
Students are required to demonstrate appropriate professionalism skills as well as be clinically competent in order to graduate. Therefore, UCSF created a process to identify individuals who have problems in this realm. Once a student is identified, he/she is offered remediation. If remediation fails, the student is placed on academic probation, with the possibility of not being able to graduate if he/she does not improve.

In the clinical years, areas they evaluated are:

1. Issues of unmet professional responsibility, e.g., needs to continually be reminded to fulfill responsibilities; cannot be relied upon to complete tasks; and/or issues of misrepresentation and/or falsifying information.

2. Issues of lack of effort toward self-improvement and adaptability, e.g., the resistant/defensive student who has major problems in accepting criticism; being
unaware of their own inadequacies; making change; accepting responsibility for failures; or directing the blame to others; being abusive or critical during times of stress; and demonstrating arrogance.

3. Diminished relationships with patients and families, e.g., inadequately established rapport with families; insensitivity to patients' feelings, needs, and wishes; using one’s position to engage in romantic or sexual relationships with patients or their families; lacking empathy; and inadequate personal commitment to honoring the wishes of the patient.

4. Diminished relationship with the health care team, e.g., not functioning within the health care team, and being insensitive to the needs, feelings, and wishes of the health care team.

In order to identify students lacking in professionalism, the UCSF faculty developed a professionalism evaluation form. This form is turned in and filled out only after the student is first counseled by the course chair or the site director prior to the end of the course/rotation. The form must be filled out within two weeks after the end of a course. After the form is submitted, the student must meet with the course director to review the issues and sign acknowledging that the form was being submitted. The form is then turned into the Dean of Student Affairs who is responsible for coordinating the remediation process.

If the student disagrees with the charges, he/she can appeal to the Dean of Student Affairs, the Ombudsman Office and/or other committees available to them. In this case, after the committee reviews the charge, if it is deemed inaccurate, the professionalism form was disregarded and considered invalid.

If the report is not contested by the student, it remains in the student's academic folder, and the student is remediated. If in the first instance, the student is able to identify his/her problem and the remediation is deemed successful, the form remains in the file and nothing more is mentioned. If two or more forms are filled out on the student, 1) the issue of remediation is mentioned in the Dean's Letter, 2) the student is placed on probation, 3) the student is presented to the progress and promotion committee, and 4) the possibility of dismissal is discussed. The student must be advised of this issue during the clerkship or it may not be brought up after the student finishes the clerkship (this is an important component of this evaluation form).

Over a three-year period, 29 physicianship reports were turned in on 24 students out of the 765 enrolled during this time. Only five students had more than one form. It was infrequent that students were identified as having multiple problems across clerkships. Of the five students who were reported more than once, one dropped out of medical school, and the rest went through a second remediation process. Although there were not many dismissals, the process had a major impact on those who received warnings from these evaluation forms.
Implications for UCLA:
A form of this type would assist as an early warning system for and an opportunity to provide remediation. Institution of the system for expressing the expectations the School has about professionalism and remediation or releasing those who cannot meet those limitations. There is an item to assess professionalism on the current clerkship evaluation form.

Dr. Tompkins commented that this is a very good instrument because it requires faculty to document behaviors that they otherwise might not. The listing is very useful because everyone has a different idea of what professionalism means. If it is agreed that unremediable lack of professional behavior is grounds for dismissal regardless of grades, then this concept needs to be conveyed to everyone.

It was suggested that such a requirement should be applied to faculty as well. Others felt that this is handled already by other professional bodies. It was pointed out that generally, our students are very professional. The system was begun at UCSF for only a handful of students each year who were falling through the system. It is important to communicate that professionalism is important. Wherever possible, it is important to heighten awareness and help individuals remediate their behaviors or attitudes. Too often, a lack of communication among faculty and administration allows some to slip through. Dr. Noah commented that of the 29 students, only five had second forms filed out. Also, the problems were only in two categories which might be added to our internal form.

The MEC student representatives opined that their peers would think that this is a good idea. A fourth year student commented that being on a rotation with a student who was failing in professionalism is very awkward and that such a person is slipping through the system. If the problem were academics, it would be addressed, but when the issue is a matter of professionalism, a student can go through rotation after rotation without it being addressed. It was generally felt that students would be in favor of emphasizing this to help the people who are struggling in this area.

Remediation would involve some sort of behavioral counseling. The Clerkships Chairs have discussed the possibility of incorporating such information into the Dean's Letter, although due process must be followed for any action; some MEC members agreed. The policy at UCSF is that if two reports are filed on a student, a note must be included in the Dean’s Letter. With one report, the student is called in for remediation. At least one student member agreed that this should be included in the Dean’s Letter and that the information needs to be communicated clearly to students both verbally and in writing. Students should have an opportunity to discuss this policy.

There was consensus that this matter should be directed to the FEC, noting that the MEC enthusiastically supports the idea of organizing a working group to produce a proposal along the lines of the UCSF practice.

Program Evaluation for New Core Clerkship and College Curricula - Dr. Wilkerson
The MEC agreed previously that evaluations would be done to study the effects of the changes in the third year curriculum. Instruments were pilot tested on the Class of 2000 in order to establish pre/post outcomes for the Class of 2002. Dr. Wilkerson reported on what has been accomplished thus and solicited input from MEC members on additional items to be addressed.

The following items were developed by a small group of faculty:

1. How many students complete the core clerkships prior to making their residency application choice?
   This should be 100% technically, but exceptions have already been made and more are expected.

2. By moving all core clerkships to the third year, there might be more evaluations available in the Dean's Office at the time of writing Dean's Letters. The actual numbers and the date received need to be reviewed. We might have missed this opportunity.

3. A number of the changes were meant to increase ambulatory experience for the students, particularly in Surgery. One of the tools we had hoped to use was the Web Log, and this has not panned out the way we had envisioned it. We may have to ask each of the clerkship directors to survey the students and see if they can produce this data. Because we did not revisit these, we may have missed a few of the easier opportunities.

4. Ability to perform physical examination procedures correctly using recommended approaches.
   OSCE: Each student had 30 minutes with a patient, and they were told to do a physical exam of designated organ systems. They were checked off using the FCM check list. We were able to collect this data at the beginning of the third year and also at the end of the third year for both control groups.

5. Ability to perform a focused history and physical examination on common ambulatory complaints.
   CPX: We have pre-post data, and most of the cases have remained constant.

6. Skills in making and supporting a differential diagnosis based on a focused workup in an ambulatory setting.
   Last year, after at least two of the CPX cases, students were asked to name three possible diagnoses (in the order of most likely to least likely) and support the most likely one with the data they had collected from the patient. If the exercise is conducted again, assistance with scoring the papers will be requested.

**Clinical Program Evaluation Survey 2000:**
One of the things the students indicate every year in the Graduation Questionnaire is that they are not directly observed doing a complete history or physical examination. This was also reflected in our internal surveys. Therefore, it was decided to track whether the
orientation sessions in the third year and in the Colleges would change this perception. Data collected in 2000, 2001 and 2002 should reveal if any difference is made in this area. Lisa Rood noted that students might separate experiences in orientations from being taught on the wards.

Members recommended three changes in the instruction to improve collection relative to orientations and during a rotation. It was agreed that this survey should continue to be administered during the CPX. Dr. Usatine suggested that Dr. Wilkerson present comparative data from last year (2000).

**Radiology Exam**
In the new curriculum, Radiology is required during the third year. Improved skills are expected, particularly in two areas: 1) ability to identify which radiological study is appropriate in a specific case and 2) ability to describe key abnormal findings given some clinical information and films of some common problems.

Drs. Batra and Hall developed an exam that was administered to half of the class last year (students were randomly selected); the results were a little surprising. Students did the best on questions on management and diagnosis; they did less well identifying the type of examination and on the anatomic questions. It is hoped that some areas where students did less well will be addressed in the teaching this year. The areas that students did well in are areas that were reinforced in other clerkships. There was no difference in the results of those students who had taken Radiology and those who had not. If students do less well on the exam this year, it might encourage the use of a web-based teaching curriculum to enhance training and for review.

Dr. Noah complimented the Radiology Department for their efforts to improve the curriculum. Dr. Wilkerson commented that the Department has made a great effort determining how best to teach radiology within the various clerkships. The faculty has used feedback from students to make changes and improvements throughout the year. The entire Class will take the exam during the CPX and passing it is a requirement to pass the clerkship.

**Intern Survey & Training Directors Survey**
Training program directors were asked to evaluate the PGY 1 trainees March/April of the internship year. There was an 80% response rate when this was done. Our students were rated as outstanding in their communication and history-taking skills. It was also reported that Dean's Letters under-reflect the quality of our students, which led to some changes in the construction of the Dean's Letters. Although this survey served its purpose at the time, it will be reconsidered as to whether it is the right tool to help track changes in the third year.

Dr. Slavin suggested getting data on program directors' views on UCLA's pass/fail system. He does not feel that issue has been settled and that the issues should be studied. Dr. Edelstein commented that the issue of students knowing how to obtain an informed
consent has been studied in their research at Drew and that this might be included in UCLA surveys.

Alumni Survey
Graduates have been tracked since 1996. Surveys are sent to interns at the end of their first year, and to physicians five and ten years post-graduation. Modifications to this survey can be made to address current changes if so desired. Dr. Wilkerson invited MEC members to participate in planning a new instrument. Ideas should be submitted to her.

Dr. Slavin suggested looking at some of the results of the AAMC Graduation Survey for the Colleges. Clerkship directors should be asked to report about their examinations under the old and new curricula. Members suggested student checklists of examinations, procedures, etc. that faculty can sign off during the clerkships, such as employed by Obstetrics & Gynecology. Members agreed that the MEC should formally present this recommendation to the Clerkship Directors. Susan Baillie was asked to talk to Dr. Russo about providing their cards as a template. This can be done with their PDA instead of paper cards; software is already available for this task.

The meeting was adjourned at 6:30pm.