Minutes: Meeting of May 9, 2001

Present:
Drs. Jonathan Berek, Thomas Drake, Ron Edelstein, Mark Noah, David Johnson, Neil Parker, Shobita Rajagopalan, Stuart Slavin, Randy Steadman, Margaret Stuber (Co-Chair), Ronald Tompkins, John Tormey (Co-Chair), Richard Usatine, LuAnn Wilkerson, and Michael Wilkes and Joan Kaplowitz.
Students: Sarah Kennedy, Lisa Rood, Sukkey Egger, Ph.D., Dawn Ogawa, Karin Jacobson, and Jennifer Carnell.
Guests: Drs. Susan Baillie and Kim Crooks and Pat Anaya, Shelly Lau, Gezelle Miller, Charlotte Myers, Ariel Ploss, and Beth Samberg

Minutes and Announcements

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

The issue of "Physicianship" was presented to the FEC; which agreed to establish a committee to consider the issues and make recommendations by summer, 2001. Anyone interested in serving on this committee should notify one of the MEC chairs.

Match Results for Class of 2001, Dr. Parker

Dr. Parker reviewed the match results and their implications. Nationally, the number of students matching in Family Medicine has declined; there are multiple reasons for this, including fewer opportunities for family physicians in medicine within managed care, issues with HCCFA and low reimbursement, etc.

A Report from the Millennium Conference, Drs. Parker and Slavin

Eleven schools (including UCLA) recently participated in the so-called Millennium Conference to discuss potential improvements in the clinical curriculum. On the first night, Dr. Jordan Cohen, President of the AAMC, challenged everyone to consider whether what is needed in medical education is a revolution, not an evolution. He asked participants to start with a blank piece of paper and decide how to formulate a curriculum from scratch. Four topics were discussed in sequential sessions: 1) What to teach; 2) How to teach; 3) Who should teach; and 4) What would you do now that you hear everyone’s presentation of items 1-3? The major conclusion was that basic and clinical sciences should be much more strongly integrated over all four years, with more clinical learning early on and more basic science in the latter years. A number of schools are moving in this direction by beginning clinical rotations earlier in the curricula and providing additional time for integrated basic sciences in the latter parts of their curricula The Conference ended up generating excitement among its participants.

Another theme of the conference was the importance of adequate budgets specifically to support medical education. The MEC revisited the idea of UCLA supporting a band of core faculty in medical education. It was noted that Harvard and UCSF have models
already in place. The FEC could appoint a committee to research this and see if it would be helpful. This will be added to the FEC's agenda.

**Human Biology & Disease Planning, Drs. Stuber and Tormey**

The Human Biology & Disease phase will eventually replace the current curriculum in the first two years. Dr. Tormey reviewed the planning and related to issues raised by the Millennium Conference.

He described how the new curriculum is being planned as a set of four interdisciplinary blocks. The blocks will be taught in two passes, each of which would begin with a Foundations Block. Subjects like doctoring, informatics and medical genetics will be woven throughout the blocks. The repetition provided by the two passes is intended to both reinforce and advance the students' knowledge. At this point a Planning Oversight Group has finished the work of specifying the contents of the blocks, and presentations to department chairs and educational leaders are currently underway.

With four blocks being taught one in the first year and again in the second, there would be a total of eight consecutive courses. For initial planning purposes each block-course was assumed to be eight weeks in length. However, it was never intended that every block and course would need equal amounts of time. Now, in order to begin concrete planning of the individual courses, we will need to decided exactly how much time will be allocated to each course, and whether the second pass will need to be as long as the first.

In order to begin concrete planning of courses within the Human Biology & Disease phase, we will need to consider its starting and ending dates with respect to those of the Core Clerkships and College phases. Should Human Biology & Disease end earlier so that Core Clerkships begin earlier? (Johns Hopkins for instance ends its "basic science" by March, and immediately do several clinical rotations with USMLE Step 1 following in the third year.) Should some of the content envisioned for Human Biology & Disease be postponed to later phases? Should subjects like clinical pharmacology, informatics and medical genetics be only introduced in Human Biology and Disease, and then treated in depth in a "second pass" later in the curriculum? Should the Colleges possibly be expanded in the future to include subjects traditionally taught in the first two years.

It was suggested that the new Human Biology & Disease curriculum, along with possible modifications in basic science teaching in latter phases, would certainly not take place as soon as 2002. However, some changes might be "piloted" within the current curricular structure, for example, in some of the applied basic sciences during the third year clerkships. In general, the MEC members were very interested in exploring these new ideas. The comment was made that many 4th year students entering the colleges have expressed an intense desire to gain important experiences in subinternships and secure important letters of recommendations, but that the curriculum is very rigid between the third and fourth years. There was enthusiasm that in the structure discussed, there would be opportunity for students to obtain valuable clinical experience earlier than currently,
with the time returned to students near the end of the phase in order to revisit vital basic science content.

**Motion:** A motion was made by Dr. Usatine to examine more carefully the curriculum concepts proposed today, and to explore how best to present the ideas to students and faculty. The motion was seconded and passed.

**College Planning – Foundations Blocks**

The *Drew Urban Underserved College* foundations runs from July 9 – 13 and is an "Advanced Clinical Experience". This College has different requirements than UCLA’s colleges, including: 4 weeks of Medicine II, 4 weeks of General Surgery II, 2 weeks of senior selectives (choice of high-risk obstetrics, developmental pediatrics or emergency medicine). As part of the longitudinal experience, students must complete a primary care research project. Students also participate in the Primary Care subinternship which counts for 10 half days towards the clinical care requirement for the 4th year. Various topics for the first week were also reviewed: the assessment of chest pain using standardized patients; obesity; geriatrics; diabetes; ethics, *et al.* One-to-one feedback on CPX performance is also planned in the evenings.

The *Applied Anatomy College* Foundations Block curriculum was presented. A list of diverse mentors has been developed; students and mentors will be matched according to anticipated specialty interests and preferences. The Foundations Block will include: four cadaveric dissections and hands-on work integrating the basic sciences, histology study sections, etc., with a minimum of lecture time. The biggest challenge was to address all specialty interests during the Block.

The *Primary Care College* Foundations Week and mission were described: to prepare students for success in a future residency and generalist practice, strengthen relationships among persons with common goals in primary care medicine, provide career mentoring, etc. The longitudinal experience is to be a variety of clinical experiences in the community (e.g., mobile clinic). Highlights of the Foundations Week include an overview of acute care, a "return to EKGs", hands-on lessons with the cadaver, dermatological procedures, clinical pharmacology, joint aspiration, and other topics. Core content for dinner seminar series is under discussion.

The Foundations plan for the *Acute Care College* is arranged around seven core topics and "stations" through which students will rotate for a full day. Topics include assessment of the acute abdomen, a proctored walk-through of various emergency departments, altered vital signs and mental status, ultrasound assessment, and many other issues that reinforce the mission of the College to strengthen and improve rapid assessment and presentation skills. Content for the seminar series is also being discussed.

The Foundations Block for the *Medical Science College* will include a week of intensive mentoring, reading, teaching and discussion during which student will write a mock NIH RFA grant application in groups. The applications will be reviewed during the following
week by a mock Study Section comprised of Medical Science College mentors. Presentations will follow from the student groups themselves.

The meeting was adjourned at 6.30 pm.