Minutes: Meeting of November 14, 2001

Present:
Drs. Thomas Drake, Ronald Edelstein, Theodore Hall, Earl Homsher, Neil Parker, Shobita Rajagopalan, Stuart Slavin, Michael Sofroniew, Margaret Stuber (Co-Chair), John Tormey (Co-Chair) and LuAnn Wilkerson, and Joan Kaplowitz.

Students: Mailan Cao, Emily Dossett, Sarah Kennedy, Apoor Patel, Amy Stenson, and Donna Zulman.

Guests: Drs. Susan Baillie, Sebastian Uijtdehaage and Todd Watkins, and three other representatives of Vital Book.

Vital Book Presentation – Dr. Todd Watkins

Dr. Watkins demonstrated his Vital Book technology, which puts an entire four-year curriculum on a single disk that is updated each semester. It combines locally developed lecture notes and multimedia, integrated with the entire contents of multiple textbooks (like Harrison's), and links to other materials on the Internet. This is combined with unique XML-based technology that allows students to easily search across all these resources and to combine their findings into a personal "knowledgebase".

This technology has been adopted by several dental schools and is currently under consideration for adoption by several medical schools.

The presentation generated considerable interest among the attendees.

Clinical Performance Exam 2000 vs. 2001 Outcomes – Dr. LuAnn Wilkerson

MEC members have hoped that the Clinical Performance Exam (CPX) could be used as an evaluation tool to measure the effects of the new third-year curriculum. It was anticipated that CPX performance would reflect the increased commitment of instruction to the new third-year curriculum. Dr. Wilkerson presented some data for 2001 and compared it with last year’s data.

All medical schools in California are currently administering the same exam either at the end of the third year or at the beginning of the fourth year. Representatives from all of the consortium schools construct the exam. There are eight cases, and students were scored on five categories for each case.

Dr. Wilkerson provided average scores for all categories for all five schools. Although the new third-year curriculum addressed more physical examination skills, average scores for UCLA remain very low. Scores on all categories were very similar for students in the Drew, UCLA and UCR programs. In comparing scores in all categories in 2000 against the 2001 scores, there were almost no differences. Five of the eight cases were the same in both exam years. It was hoped that the physical exam scores would have improved in 2001 as a result of the increased curricular emphasis. However, by this measure, there is no significant difference between the years.
UCLA has improved in emphasizing important knowledge areas in the curriculum; however, skills have not improved much. Therefore, it is important to look again into the third-year curriculum to see whether these skills are being taught. Amy Stenson (MSIV) commented that there is substantial exposure to skills in the clerkships, but they are not reinforced.

At UCLA, 17 students were required to do some form of remediation that was specific to the individual. Scores two standard deviations below the mean in any particular area were used to indicate need for remediation. Remediation varies by school.

Loma Linda students scored much higher in the past, and scores were noted in Dean’s Letters, sending the message that this was an important examination. However, Loma Linda’s scores were similar to those of the other schools this year, when the stakes were lowered.

Details about the examination and the outcomes are available to faculty from Dr. Wilkerson’s office.

**National Board**

In 2004, USMLE Step II will include a clinical skills exam component, very similar to the CPX. All students will be required to pass to be licensed. The current first year class (Class of 2005) will take the new exam.

The National Board invited UCLA to serve as a pilot site in Los Angeles for testing the exam in fall 2002. Instead of the class taking the School’s CPX, students would take the pilot version of the USMLE if UCLA agrees to do participate. Asking the students to take both tests that year may be overwhelming. Amy Stenson commented that it might be OK for students to take both, although Apoor Patel felt that the CPX exam day is long and preparation time is necessary.

The National Board would provide scores for each category. UCLA provides the students with the scores for each category for each case as well as videotapes and patient’s written comments. Apoor commented that most of the value of doing such examinations is finding out what was missed and what was done correctly. If this kind of feedback is given, then it does not matter which of the two tests they take. He felt that the teaching rounds after the session was the most valuable aspect of the CPX. One member felt that having the comparative data across years was valuable and that it would be unfortunate to lose the data for one year.

Apoor Patel commented that there is some appeal to doing a comprehensive exam after having completed the third year. Dawn Zulman agreed and suggested putting more physical exam/skills at the end of every rotation as well as doing the comprehensive exam at the start of the fourth year. This requires further discussion in the future.

**Student representatives were asked to poll their classes to see if students would be willing to take 2 exams: One with limited feedback (National Board) and the other**
with richer feedback (CPX). Or would they rather take one or the other, if so, which one?

Dr. Wilkerson thanked everyone for their input.

The meeting was adjourned at 6:40pm.