Minutes: Meeting of October 10, 2001

Present:
Drs. Jonathan Berek, Neil Bricker (UCR), Thomas Drake, Ronald Edelstein, Theodore Hall, Mark Noah, Neil Parker, Shobita Rajagopalan, Stuart Slavin, Randolph Steadman, John Tormey (Co-Chair) and LuAnn Wilkerson, and Joan Kaplowitz.
Guests: Drs. Susan Baillie, Linda Baum and Kim Crooks, and and Pat Anaya, Gary Diener, Joyce Fried, Charlotte Myers and Ariel Ploss
Students: Mailan Cao, Emily Dossett, Sarah Kennedy, Amy Olin, Apoor Patel, Amy Stenson and Donna Zulman.

The Colleges - Foundations and Beyond

Student Evaluations of College Foundations Courses, Dr. Sue Baillie

Dr. Baillie presented the comparative data of the four Foundations Blocks. In developing the evaluation for the Foundations Blocks, she met with each of the College Chairs and devised six core questions.

The response rate was good. The College Coordinators did a great job in making sure that all of the evaluations were returned. Most of the students felt that the Foundations were well organized and agreed that the learning objectives in most cases were very clear. Students also indicated that the College Chairs were very devoted, and that they were very open and responsive to the students. This was reflective in their comments as well.

Students did not like the lectures as much as the practical sessions, which were rated very highly. Students indicated that they would have liked to more practical sessions. Most of the students felt that the Colleges were very successful overall. There were, however, some differences in the evaluation of the overall quality between the colleges. The evaluation was paper-based this year. Dr. Baillie hopes to add this to the on-line system next year.

Dr. Baillie commended the fourth years on their willingness to be very detailed in their feedback. Dr. Tormey thanked Dr. Baillie and her team for doing a fantastic job with the evaluations.

Medical Science College, Dr. Linda Baum

Dr. Baum commented that the MSC Foundations Block was probably the least structured of the four. There were two one-hour sessions a day (one in the morning and one in the afternoon), and there were eight lectures and two panel discussions. With the exception of one, all of the lectures were uniformly highly rated.

During the Foundations Week, students were given a list of Request For Application (RFA) topics that Drs. Baum and Ganz pulled from the NIH Website. They chose RFAs that they thought were appropriate in order to give the students an idea of what kind of
translational and clinical research topics are not only current, but are also the one that a professional would do.

The students then were asked to find some colleagues and write a grant together. Each of the topics had a faculty member that was assigned to provide some expertise in the area if students had question. The first college meeting was at 9 am on Monday morning, and the students had exactly one week to turn in a grant. They had to do the following: decide on the topic they were going to do; do the background reading; develop a set of specific aims and topics they were going to research; write a proposal; and get all necessary approvals. If they had any kind of human subjects, they had to go to the institutional review board website and get human subjects approval. They also had to do statistics and justify the power of their study. Dr. Baum commented that their work was truly remarkable. This project was student driven.

All of the proposals were turned in and distributed to the college faculty. The faculty members attended a study section meeting and reviewed every grant and wrote pink sheets for every student. The highest score was 2.3 and the lowest was 2.9, which meant that they were all reasonable.

There are eight seminars scheduled throughout the year. The seminars are a 1.5 hours. For the first half hour, the students will present their original application, their response to the pink sheet. For the rest of the time, guest speakers will speak on various (academic hospital relations, STI, imaging, contract negotiating, etc.).

Because the students in this college do not fit any particular pattern, and they are interested in multiple disciplines, the goals of this college are a little different. The college is very focused on preparing students for their careers.

Apoor Patel, who was a member of this college, commented that after the first week of the college, the students quickly realized if this was something they wanted to do for the rest of their lives. He commented that it was, indeed, a valuable experience.

Dr. Baum reported that a lot of the students have used some of their time to design their own electives. Students have been very creative in designing experiences that fit their career goals, so it was nice for them to have the flexibility in this college.

Dr. Drake asked if there were any relevant experiences that can be applied to the first two years. Dr. Baum commented that in this college, the faculty made the decision that less is more and kept things simple this year.

**Applied Anatomy College, Dr. Jonathan Berek**

The Foundations Block consisted of some practical sessions (surgery on animals or cadavers), some CPCs, and some lectures (radiology, interventional radiology, pathology and pain management). The animal surgery labs and other practical sessions were rated very highly. After reviewing the evaluation data, the Advisory Council decided to increase the number of practical sessions and decrease the number of didactic sessions
next year. The most popular aspect was when students spent time operating so there are plans to double the amount of time students get to do this. Pigs were used in the animal labs, but there are plans to use rats. Dr. Berek is working with Dr. Robinson organizing this. This will be piloted and if it is successful, it will be incorporated in the Foundations Block next year.

While some of the cadaveric dissections worked very well, others did not. To some extent, these sessions were faculty dependent. There are plans to decrease the number from four to two. It was also decided to increase some of the exposures in interventional radiology. The week will be fine tuned so that students will get more of the sessions that were most useful, most valuable and most enjoyed.

Dr. Berek was pleased with the fact that the college enlisted the support of many faculty from various departments and divisions. He was delighted that many of the faculty, especially the senior faculty, were quite willing to devote time and effort to this project. They proved to be a valuable asset in the planning and implementing this Foundations Block.

During the course of the year, there will be a total of eight seminars. There was one in August (residency) and one in September (medical-legal issues). One of the difficulties is that a lot of the students are away doing rotations. Because of this, the attendance at the last seminar was quite low. Future seminar topics include risk management, medical business, etc. The students chose these topics before the college began.

Students indicated in their evaluation that they were overwhelmed by the number of faculty participating in this college. They commented that they had a lot of personal interaction with the faculty, and that they enjoyed it very much. Students are supposed to meet with their mentors during or around the time of the Foundations Week. Dr. Berek has also been meeting with them individually to make sure that they are following through in all of the assignments and that things are being taken care of for their residency application.

Students have commented that they want more critical care. So, Dr. Berek is planning on including some of the activities that the Acute Care College offered during the Foundations Block. He felt that one week was the right length for the Foundations Block.

**Acute Care College, Dr. Randy Steadman**

The ACC Foundations Week consisted of seven topics that they considered to be core chief complaints in the acute care arena: altered vital signs, shortness of breath, chest pain, abdominal pain, altered mental status, pediatric/geriatric issues, and trauma. There were two lectures per day from Monday through Wednesday covering these topics. The rest of the day consisted of workshops (visits to various venues such as EMC, PICU, NICU), and all of the visits were relevant to the topic of the day. There were some hands on workshops, cadaver labs, procedures, and simulators.
Friday was an assessment day, where students reviewed what they learned that week. They went to case-based paper stations. There were also some panels on Friday (applying for residency, career guidance, emergency medicine). Dr. Steadman reported that about 70% of the students in this college were interested in emergency medicine and about 20% in anesthesiology.

The cadaver labs and simulator sessions were uniformly very well received as well as were the lectures. The hands-on activities were somewhat more highly rated than the didactic sessions. The didactic sessions in the afternoon were less appreciated than those in the mornings. Dr. Steadman felt that one week was a fine length. He commented that the college would do something very similar next year and no significant changes are planned.

For the rest of the year, there are evening seminars. These seminars will cover topics that were ranked by the students in the order of their interest (Ventilator Workshop, ACLS, Blood Gas Interpretation, etc.). The evening seminars will also be used as a venue to present student projects. The projects will be further discussed and presented to the students at the next seminar meeting. The concept is to have students present on an interesting case that they had in the first 90 days of the fourth year and present it with a faculty mentor and review of literature. These will be presented as a team. Dr. Steadman agreed with Dr. Berek that students need a lot of mentoring. All of the specialties in the Acute Care College are ones that students had zero exposure to in the first three years of medical school.

Members discussed briefly how to incorporate certain exposures to emergency medicine and critical care during the core rotations as was done with radiology. This topic was agreed to be discussed further by the MEC in the future.

*Urban Underserved College, Dr. Shobita Rajagopalan*

Students indicated that they enjoyed the hands on and the interactive sessions. Students were required to do a research project on the topic of their choice.

Drew offers a few two-week rotations. These two-week rotations are from 7 am - 5 pm from Monday to Friday. It has the same structure as the other selectives. There are faculty assigned to work with the students. So far, the feedback has been positive.

The emergency medicine at Drew has always been four weeks. Patrick Aguilera is the Chair and is from Emergency Medicine and is a Drew graduate. He should be invited to the next MEC meeting to discuss incorporating emergency medicine into the core rotations.

(The above does not fully reflect Dr. Rajagopalan's presentation, because much of it was inaudible on tape.)

*Primary Care College, Dr. Stuart Slavin*
The PCC has lectures and small group sessions in the morning discussing topics such as substance abuse, nutrition, pain management, clinical pharmacology, etc. The afternoons consisted of hands-on workshops and were more ambulatory based. There were some simulator workshops in the late afternoons, and Dr. Slavin offered CPX reviews for the students. On three evenings, there were Family Medicine, Pediatrics, and Internal Medicine meetings that discussed how to apply for residency.

The evaluations indicated that the skills-based workshops were more popular. Lectures and other more passive approaches to learning were not as popular. The topics that were popular to students were those that were going to help them in the fourth year. Students liked covering emergency medicine and critical care issues, and there are plans to do more of these in the future. The College focused too much on ambulatory skills this year. Dr. Slavin stated that their Foundations will concentrate a little bit more on preparing students for the fourth year subinternships and rotations.

Because of the size of the college, they decided to have a number of different seminars that students can select from. There were five or six choices (child health, women’s health, cultural aspects of medicine, etc.). Each seminar group is comprised of six to eight students with one or two faculty members and will meet throughout the year. Students will choose a theme based on these seminar series.

There is also a longitudinal clinical experience and longitudinal teaching experience that students can participate in. Students can use Doctoring 4 as their longitudinal teaching experience for the PCC.

Dr. Parker commented that the College Chairs have discussed the crediting issue and suggested that this be discussed by the MEC in the near future. The College Chairs have agreed to make the Foundations Block a college requirement, but students will not get credit for it. The College Chairs also agreed that there would be make up work for the Foundations Block as well as the seminar series for those who are not able to attend.

The specifics and details of this issue should be discussed further by the MEC. Dr. Wilkerson commented that not every college is doing the exact same thing. There should be some consistency although not every college needs to do the exact same thing. It is important for the colleges to have some longitudinal experience not necessarily a continuity of experience. The College Chairs have discussed the crediting issue in detail and they are going to continue the dialogue.

**Announcements - Dr. Tormey**

**Introductions**

Dr. Tormey introduced Dr. Neil Bricker from UC Riverside and the new student representatives.

**Human Biology & Disease Phase Update**
The Human Biology and Disease Phase is an integrated curriculum for the first two years that would replace the current department driven curriculum. This new curriculum is intended to be planned in four blocks for both years: Foundations Block, Cardiovascular, Renal, and Respiratory Block, Metabolism, Endocrinology and Reproduction Block, and Neuroscience and Musculoskeletal Block.

The four block planning committees submitted their proposals, and the oversight group reviewed and revised their proposals. The oversight group identified omissions and unplanned redundancies. This group decided that in order to get much broader buy in, they would go to the Department Chairs to get input and approval.

There were varied reactions from the Department Chairs. The oversight group decided that they were not ready to move forward with the planning as it was. It was decided to produce over the next several months a sample block course of the Cardiovascular, Renal and Respiratory Block before presenting it to the entire faculty. Drs. Tormey and Goldhaber will be Co-Chairing the planning committee. Dr. Tormey asked students representatives to contact him if they or their friends would be interested in being part of this planning committee.

**Minutes**

The minutes of the June meeting were approved as written.

**Student Involvement**

Dr. Tormey commented that the MEC appreciates the students’ involvement. This is one of the committees in the School where each of the four classes has a vote on this committee. He thanked the students for coming and commented that the Committee values their input.

**Evaluation System, Part I**

*Background and Current Issues - Dr. Susan Baillie*

An Evaluations Subcommittee was established in 1991 in response to the LCME recommendations. The LCME felt that there were significant differences in the process and content of the course evaluations, which were done by a particular course and/or department. The LCME asked that there be greater uniformity in the evaluation system.

The objectives of the evaluation system are:

- To develop a uniform system for evaluation of the courses and faculty.
- To develop a uniform evaluation instrument.
- To provide a secure and anonymous system to obtain student assessments.
- To have a system that can be easily administered and yet would provide useful and comprehensive feedback for medical school curriculum and faculty.
- To not over burden the students.
The paper-based system was implemented in 1993, using the Scantron form. The Web-based system started in 1999 with the Class of 2003. Right now, all of our curriculum courses and faculty evaluations have gone on-line. This also includes Drew, and UC Riverside will be one line with this semester’s courses.

Advantages of the Web-based system:

- Accessible from any location that has internet access
- Protects student anonymity and confidentiality
- Tracks compliance
- Provides an easy way to send reminders to students when they are not completing the evaluation (Students are required by the MEC to complete their evaluations.)
- Allows us to have comparable data on faculty and courses
- Allows us to get richer and legible comments
- Course Chairs and faculty are using the evaluations and comments to make changes. They also get the data faster.

Challenges of the Web-based system:

- We are not able to get the "softer" data. Faculty have commented that they would like to capture a little more depth.
- About 12% of the students are non compliant. The office is trying to educate the student more and communicate to them that this is a requirement.
- We did not have an effective system for gathering data on the electives. Gary Diener from ED&R designed a new computer program that is actually more user friendly than any other programs that have been purchased. This new program will be piloted. Extern data can also be obtained by using this program.
- Course Chairs are not always distributing data to their faculty. Dr. Baillie’s office is responsible for getting the data back to the Course Chairs, Clerkship Directors and Department Chairs, not to the faculty. Dr. Baillie and Gary are working on new ideas to address this problem.
- The system has limitations in its flexibility. It does not allow us to do summary reports.

Students are given limited introduction to the entire evaluation system only once. A global overview and introduction to the evaluation system should be given to students. This is an area that can be improved.

Compliance in the third year is more problematic than in the first two years. Because so few students work with any clinical faculty in a rotation, the policy has been not to return an individual faculty evaluation until at least 3 students have seen that faculty. This is done to protect the students. Therefore, it might take two rounds before the evaluations can be given to the faculty. There is another policy that even if we have all of the evaluations back from the students, the results will not be released until the grades are in for the clerkship. Dr. Parker reported that the Course Chairs are now submitting at the end of the rotation. It has improved.
Dr. Baillie reported that we are reaching out to all of the sites and educating them about the evaluation system. The elective system that Gary has designed will also capture attendings that work with students on electives. Dr. Parker commented about having evaluations done via PDAs. Dr. Baillie indicated that the written comments might not be as rich when the evaluations are done via PDAs.

Dr. Steadman thanked Dr. Baillie and her team for all of their hard work with the evaluations.

_To Be Continued_

Dr. Tormey commented that this data is essential for the work of the MEC. One of the charges of the MEC is to continuously monitor the curriculum, and this data is one of the most important sources of information. Next time, the MEC will discuss the PPD course in the second year by reviewing the data and seeing what lessons can be drawn from it. For the first time there is valid data, thanks to Dr. Baillie and her team. How this committee should deal with this various course evaluations is another item for general discussion next time. We also want to get input from the students as users of this evaluation system.

_(Note: Part II of this topic will be on the agenda of the December meeting.)_

The meeting was adjourned at 6:45 pm.