Minutes: Meeting of January 9, 2002

Present:
Drs. Thomas Drake, Ronald Edelstein, Mark Noah, 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 (MS I), Sarah Kennedy (MS II), Amy Olin (MS II), and Donna Zulman (MS I)

Guests: Pat Anaya, Gezelle Miller, Christina Yoon and Drs. Susan Baillie, Kim Crooks, and Leonard Mankin.

Announcements

Dr. Tormey briefly reviewed the discussion of evaluations held at the last meeting. The following motion was approved at that time:

Courses receiving an average rating below 3 (will) 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 noncommittal about what subcommittee of the MEC would have these responsibilities (or whether, in fact, the MEC might function as this committee). He had hoped to meet with Drs. Wilkerson, Stuber, Parker in order to develop a recommendation to the MEC about this "subcommittee" but this meeting has not yet occurred.

Minutes

The minutes were approved as written.

Graduation Requirements

At the last meeting, the MEC voted to give credit for the Clinical Foundations and the College Foundations courses (one week each) on transcripts and toward graduation, thus increasing the total number of required weeks of instruction in years 3 and 4 from 78 to 80.

Credit for "concurrent" courses was also discussed. Such courses are elective courses that are taken concurrently with other, required courses. Drs. Parker and Stuber asked that the MEC provide general principles for concurrent course credit; once approved, these would need to be communicated clearly to students and faculty.

Leading off this meeting's discussion, Dr. Stuber clarified that the requirement of 80 weeks of instruction in years 3 and 4 is a minimum and not a maximum. A course can be credited on the transcript without counting toward graduation requirements, including the required 80 weeks of instruction.
Drs. Stuber and Parker proposed the following rules governing how courses will be counted as credit toward graduation:

1. Students will have all courses noted on their transcripts. This will include required, elective and "extra" coursework. "Extra" coursework is that which is done during required clerkships or credited electives, either research or clinical. All courses will be noted with the time the course was taken and include the relative weight of time spent (e.g., weeks).

2. Students will not receive "credit towards graduation" for "extra" coursework done during the time they are also doing required clerkships or credited electives, either research or clinical.

The "concurrent courses" in the present curriculum that will be recorded on transcripts for course credit but not count toward the graduation requirement of 80 weeks of coursework are:

- Doctoring 3 (3rd year)
- Medical Spanish (3rd year)
- Ethics (3rd and 4th years)
- Literature in Medicine (3rd and 4th years)
- Salvation Army Clinic (3rd and 4th years)
- Doctoring 4 (4th year)

Dr. Slavin commented that fewer students might enroll in these courses if they do not count toward the graduation requirement. This is not necessarily bad because the current system may create inappropriate incentives to finish very early in the fourth year. All courses would be recorded on the transcript, but not all will count toward the graduation requirement of 80 weeks.

The following motions were made, seconded, amended, and unanimously approved:

1. Students will have all courses noted on their transcripts. This will include required, elective and "extra" coursework. "Extra" coursework is that which is done during the weeks a student is taking required clerkships or credited electives, either research or clinical. All courses will be noted with the time the course was taken and include the relative weight of time spent (e.g., weeks). Implementation will start with the 2002-2003 academic year.

2. Students will not receive "credit towards graduation" for "extra" coursework done during the weeks they are also doing required clerkships or credited electives, either research or clinical. Implementation will start with the 2002-2003 academic year.

Review and approval of electives
Dr. Stuber indicated that all courses in the curriculum must be approved by the FEC upon recommendation of the MEC. Currently, elective courses are reviewed by the Electives Subcommittee of the MEC and recommendations are forwarded to the MEC for approval. Clerkships are currently reviewed directly by the MEC. The MEC-approved courses are forwarded to the FEC for approval.

Drs. Parker and Stuber proposed that:

1. The College Chairs Committee (not the individual College Chairs) be officially charged by the MEC to review all clinical and research electives in the third and fourth year curriculum. They will make formal recommendations to the MEC for approval of all such electives.
2. The Clerkship Chairs Committee be officially charged by the MEC to review all required clerkships in the third (or fourth) year curriculum. They will make formal recommendations to the MEC for changes in any of these clerkships.
3. Both of these committees will continue to exist as freestanding committees, rather than as subcommittees of the MEC. No changes to the MEC bylaws are required.
4. The MEC will dissolve its current Elective Subcommittee.
5. The MEC can remove or modify these charges at its discretion in the future.

**Discussion**

Electives in the past have been loosely monitored. From the inception of the Colleges, it was discussed that electives would come under the formal administrative supervision of the Colleges, improving quality control and monitoring of elective courses. Dr. Wilkerson noted that the College Chairs Committee members have already discussed this matter and agreed that they should be overseeing the clinical electives. However, overseeing the first year electives has not been discussed by the Committee. The MEC members felt that it would be advantageous for the College Chairs Committee to have a role in the first year, and that Selectives should be included in the responsibilities of the Committee.

Once the proposals are approved, the MEC will need to specify the charge and provide some guidelines to the College Chairs Committee, including clarification as to whether or not the College Chair Committee would be responsible for approving new courses or reviewing and renewing existing courses and to create a timeline for completion.

The ultimate review of the third year clerkships is with the MEC. The Clerkship Chairs Committee is responsible for regularly monitoring the clerkships and recommending improvements to the MEC. Rather than addressing issues of evaluation, the committee focused on proposals 1 and 4.

The following motions were made, seconded and unanimously approved:

1. The College Chairs Committee (not the individual College Chairs) will be officially charged by the MEC to review all electives and selectives in the curriculum. They would make formal recommendations to the MEC for any
such courses that are to be approved for inclusion in or exclusion from the curriculum. This charge would be effective immediately.

2. **The MEC would dissolve the current Elective Subcommittee.**

**Review of Evaluation Policies**

Dr. Baillie reported that her office has been receiving comments from third-year students expressing concern that they have not received any formal evaluations from most clerkships. They are concerned because they will need to select a college for their fourth year and would like to have some evaluations. She requested reaffirmation of the policy that does not allow course chairs to receive student evaluations/comments until they submit grades for the rotation. The policy exists for the first two years, but it did not explicitly address third year courses. The members agreed that the policy applies to all four years.

Dr. Parker reported that he sends regular notices to clerkship chairs advising them of delinquent grade reports. He felt that it would be most effective to take it to the Clerkship Chairs to enforce. He believed that it is a problem in Block A, and chairs from these clerkships have been contacted.

Dr. Wilkerson commented that there are FEC-approved policies that address this problem. It was recommended that letters be sent to the Department Chairs at this point. **It was agreed that Dr. Parker would discuss this matter at the FEC and the Department Chairs meetings. Dr. Tormey will research the relevant policies already approved by the FEC at previous meetings. Dr. Noah suggested having "best practices" shared among the Clerkship Chairs at the next meeting later this month.**

**How Students Achieve Competency in Clinical Skills and Knowledge**

Dr. Wilkerson reported on a study that she and Drs. Carol Hodgson and Ming Lee conducted as part of a grant from the National Cancer Institute to increase the amount of cancer-related content in the curriculum and coordinate instruction on cancer prevention. A group of faculty (experts in cancer prevention) designed a set of objectives that all students should accomplish during their four years in medical school. They worked with course chairs to insert new materials in the curriculum and to coordinate the current instruction.

The study assessed third-year medical student knowledge to see if the new curricular elements make a difference. Students self-reported their levels of self-perceived competency in targeted cancer screening exams: breast, PAP, rectal, and skin (general skin exam). The study did not, however, measure their competence with any external marker. The survey asked about the following five items: competency, observation, direct instruction, practicing, and self-confidence.
These findings are for the Class of 2001 which participated in the old clerkship curriculum. Students responded that they felt somewhat skilled in all of the exams, except for the skin exam. For the breast, PAP and rectal exams, the scores were equivalent in terms of receiving instruction, opportunities to observe the exam, and opportunities to practice. However, the data was different relevant to the skin exam. They reported that there was little teaching or opportunity to observe or practice the examination; 65% of students who completed the survey indicated that they had no opportunity to practice the skin exam. Observation ratings were similar. This finding indicates that the skin exam is not in the curriculum and the MEC should where to teach it.

The survey showed the highest correlation between students’ confidence and amount of practice relative to breast, PAP and rectal exams. However, for the skin exam, students felt that instruction was the highest contributor to their confidence.

Dr. Parker noted the difference between competence and confidence and expressed interest in additional data that would indicate students’ actual competence, although Dr. Stuber noted that perceived self-efficacy is the best predictor of one’s behavior. Dr. Wilkerson informed that this same class had to do a clinical breast exam for the CPX, and that their scores can be compared for this one item. The skin exam could be added to the CPX. Dr. Parker added that these practiced skills and observations can be tracked on Log Book and data entered through students’ PDAs.

Dr. Wilkerson encouraged the MEC to consider next steps. She suggested asking the Family Medicine and the Ambulatory Internal Medicine Clerkships to purposely teach the skin exam in their curricula. She reported that the average self-competency rating went up a little bit, even for the skin exam, with the new clerkship curriculum. This data will be presented to the Clerkship Chairs Committee for consideration and remediation.

The meeting was adjourned at 6:30 p.m.