Minutes: Meeting of July 10, 2002

The attendance and minutes of the early part of this meeting were not recorded

Previous Minutes

The minutes from the April, May and June meetings were approved as written.

Ideas from Millennium Conference - Dr. Slavin

*An summary of this presentation and its outcome is pending.*

Issues with Medical Thesis Program - Drs. Fred Bongard & Peter Barrett

Dr. Barrett informed that many students participated in the Thesis Program in the 90s. Many felt that this was a very meaningful program and that it made a difference in the students’ overall education. However, there has been a decline in participation in recent years. One reason is that there are many alternatives. In the 80s and 90s, there were concerns about students not reaching out for research opportunities. Therefore, one of the goals of this program was to connect students with individual preceptors. But, this has been less of a role of the program in recent years.

There also seems to have been a decrease in faculty participation. Another factor is student perception of what should be done and why. Dr. Barrett felt that it is important to redefine what success is for this program. Faculty need to decide what the goals are and determine how much students should be involved. Some students are set on a career in research, but the majority have only a general interest in the area. It is desirable for more students to become involved in some kind of scholarly activity.

Dr. Bongard commented that there were discussions about including the scholarly projects in the College's curricula. It was envisioned at that time that the Colleges might serve as a forum for intercollegiate presentations; however, this has not yet evolved. The possibility of integrating the Thesis Program and the Colleges warrants further discussion.

Fran Kissel noted that student participation in research is at its peak. The School is supporting greater numbers of students than ever before, therefore, the decline is not due to a lack of interest or support. Dr. Barrett also commented that although quality is difficult to measure, only a small number of projects were found to be unsatisfactory.

Dr. Parker remarked that a decline in research by residents has also been noted. There has been a change even in the departmental leadership toward the concept of research. Dr. Stuber felt that it came down to identifying the learning objectives. Dr. Slavin felt that the program should exist, but he had questions about timing, linking it to the colleges, etc. He felt that data should be collected to see what is really going on with this program.
Emily Dossett felt that the timing issue was a big one. She thought that it would be better for her if the thesis deadline were early enough so that she could included in her CV at the time of residency application. She added that the program was nevertheless valuable.

Dr. Wilkerson presented some relevant data from the AAMC Graduation Questionnaire. In 1998, there was a 100% response rate from our seniors, 36% of whom said they had authorship of published research papers. In 1999, it jumped to 42%, and in 2000 to 62%. Research projects with faculty members changed from 65.4% in 98, to 61.4% in 99, and to 83% in 2000. Fran Kissel added that these number correlate to the numbers of our students participating at Carmel. She also stated that the success of the STTP program is directly correlated to the people who have been to NIH as a result of this program.

Dr. Parker felt that a questionnaire would be useful to learn how valuable faculty and students believe that participation this program to be. Dr. Slavin thought that there should be an honors thesis program to recognize research productivity by students. If so, he would argue to move it at a time that would have more potential in terms of applying for rigorous residency programs. He was not sure if this would be possible. Dr. Parker also suggested having the diploma indicate whether or not students graduated with honors.

**Drew’s Thesis Program**

Dr. Edelstein gave a brief description of Drew’s now required Thesis Program. Drew has revised their thesis program over a year ago. Since 1995, it became part of the Primary Care Clerkship and is a two-year program in which the students can work in teams to do research. Now, every student is required to do a thesis, but they can still work as a team. They just need to have their own independent question that they ask and independently write up. This change was approved.

Most of the students work in teams of two or three. Previous research projects are posted on the web. The biggest hurdle for students is identifying the question and submitting it to IRB in time so that they have the summer before the fourth year to work on their project.

Drew blocks out some of the structured clinical teaching time so students have adequate time to work on their thesis. UCLA’s counterpart of this is Doctoring 3. For example, students come out of their clerkship to go to the seminar time. Then they go off to clinic and may have a chance to work on their project in the afternoon. Conceptualization of the project, writing of the question, standard collection and chart review are done in the third year and beginning of the fourth year. During this time, students consult with statisticians, etc. There is a primary mentor for each student, but there are also content mentors who will help students with the specific items and issues of the projects. The Drew students have to present their protocol to the faculty committee in early January of their third year.

The Institute of Medicine recently had a Health Professions Summit looking at the future of medical and graduate education. The themes that keep coming back is working in teams, informatics, quality assurance, patient-centered care, and evidence-based medicine.
Drew sees the thesis program as a way of wrapping all of these themes up for the students. They see this as part of the third year curriculum.

Conclusion

Dr. Stuber concluded the discussion by stating that there was general interest in developing a formal proposal that would be presented to the MEC and the College Chairs Committee. Rather than saying that the Thesis Program is no longer necessary, the MEC should rethink it so that it is more distinctive and meaningful to the students and their careers. In MEC needs to think about how this would differ from the scholarly projects done in the colleges. This topic will be continued in the future.

Approving Fourth-Year Electives

Earlier this year, the MEC disbanded the Elective Subcommittee and moved the responsibility of approving and overseeing the fourth year electives to the College Chairs Committee. The MEC agreed to have the description of the College Chairs Committee approved electives posted on the web so the MEC members can view them before discussing them at the meetings. Unless there are objections, the MEC will give its final approval without devoting too much time in reviewing the elective again. After the MEC approval, the electives will be forwarded to the FEC.

However, it was brought to Dr. Tormey’s attention that there are a couple of proposals that are waiting for approval rather urgently: Pediatric Heart Surgery and Consultation Liaison Psychiatry. These two electives had already been reviewed and recommended for MEC’s final approval by the College Chairs Committee.

It was moved to approve the Pediatric Heart Surgery and the Consultation Liaison Psychiatry electives. The motion was unanimously approved.

Human Biology & Disease Curriculum

A update will be given at the next meeting.

The meeting was adjourned at 6:30 pm