Minutes: Meeting of June 12, 2002

Present:
Guests: Drs. Sue Baillie and Robert Oye and Patricia Anaya and Louise Howard
Students: Jen Carnell and Emily Dossett.

Fundamentals of Clinical Medicine (FCM) - Dr. Robert Oye

Dr. Oye became the FCM Course Chair very late in Fall 2001. He addressed some concerns in response to the presentation made to the MEC by the Class of 2004 at the May 2002 meeting, and presented some proposed changes.

The course was not changed much in 2001-2002 (Class of 2004). Drs. Oye and Slavin agreed that five pediatrics sessions is too many. They agreed to two pediatric sessions, using fewer instructors. An optional nursery session may be offered for students who are particularly interested in pediatrics; however, the details have not been worked out. This is a very positive means of making a significant reduction.

Dr. Oye informed that different phases of the course end at different times. The course usually ends around early May with an OSCE. There was some discussion about moving the start date earlier in the year, although it is difficult because instructors for both small groups and preceptorships are generally not available before September. Many faculty are not available in the month of May. Dr. Oye was concerned about changing the starting date and recruiting adequate number of faculty, however, the concept can be revisited.

Also, the textbook was considered by many to be excessively long and that there were too many supplemental materials in the course. Dr. Oye reported that he will use a new textbook used this year (Schwartz), and there will not be any supplemental materials.

After speaking individually with students, Dr. Oye felt the need to increase emphasis on oral presentations of patients. Dr. Parker asked if there were plans to standardize presentation forma, and Dr. Oye replied that some attempts have been made but that providing uniform expectations to instructors and students was a great challenge.

Students agreed with Dr. Oye’s comment about the variability in the preceptors. Emily Dossett commented that the Neurology exam portion of the course was strong. Learning how to do the Ob-Gyn and the prostate exams were strengths of the course as well. The more general exams were too fast. In the past, the heart, lung and abdomen were covered in one day. Dr. Oye informed that this was one of the changes that were made right away; i.e., the general exams were split into two sessions. The student also suggested having the small group leaders go over the write-ups and verbal presentations more.
One of the problems of the course is that students are assigned to a variety of settings. There are benefits and disadvantages in each of these settings; some have a multitude of patients and independence, while others have a lot of supervision but a lack of patients. The Course Chairs are working hard to reduce some of the conflicts for faculty to teach. This will allow better instructors to be able to teach more. An orientation for the small group leaders will continue, and a similar one for preceptors is planning this year.

Students are taught how to do the exams in the course’s small groups. The preceptor experiences give them the opportunity to tie the different parts of the exam together, to write up the patients they have seen, and to verbally present that info and receive feedback.

Video clips of faculty "experts" doing the examinations was posted on the Web and CDs were distributed to students somewhat late in the course. The CDs show hands-on examination skills. The hope was that these would anchor the course and provide some standardization. Dr. Oye did not feel that they standardized the course, which may have been too high of an expectation. He informed that the new textbook comes with a different CD ROM that includes the general exam.

Dr. Oye stated that he and Drs. Milgrom and Hawkins attended almost every lecture, and felt that this was helpful. They are not planning to ask faculty who are too far away to serve as preceptors, although recruitment is one of the biggest problems. Dr. Parker noted that there should be statements made to students and faculty of what the course expectations are. Drs. Oye and Slavin have discussed tying the course with some of the Doctoring cases, though it is not logistically feasible.

In the new curriculum, FCM will not be a separate course. Dr. Oye will be asked to participate in the block planning, as the "course" will be a thread in the new curriculum. There will be much more discussion in the future as planning moves forward.

**UCR Update - Dr. Michael Stemerman**

**Overview**

Dr. Stemerman gave an overview of what is currently taking place at UCR. He joined the meeting via telephone.

The UCR Biomedical Program, begun in the 1970s, is a 7-year accelerated program in which students spend three years of undergraduate study at UCR then are admitted into the medical school portion, spending two more years at UCR before the going to UCLA for the final two years.

The admissions system admits about 200 undergraduate students into the program in year one, and by the end of the third year, only 24 are selected into the Biomedical Sciences Program. This creased a pyramid system, and students were disgruntled by the process. UCR is moving toward reassessing this and possibly making the recommendation of
going from the strictly three-year program to a 3-, 4-, or 5-year program, allowing admission after years 3, 4, or 5.

This came to the attention of the legislature, and UCR has entered into an agreement with the Office of the President to move this process ahead so as to modify the program by the 2003 incoming class. There will no longer be a designated Biomedical Science graduate major at UCR but instead, there will be a program similar to the more traditional premedical programs. The concept is to give greater access to underrepresented minority students and to disadvantaged students. The program will not have any de-selection of students in years 1, 2, and 3.

Under this agreement, UCR and UCLA will need to reexamine and modify the affiliation agreement, mission statement, undergraduate curriculum (to meet the demands of the medical school admissions requirement), and admissions requirement. These changes will ultimately result in the modification of the medical school curriculum at UCR.

Currently, because it has been a continuum of three years of undergraduate school plus two years of medical school, they have been able to ask the students to take certain required medical school courses during their undergraduate years. With the aforementioned changes, they will need to move many, if not all, courses into the medical school program, which will increase the similarities of the two curricula. Therefore, they will be working with UCLA to accomplish the change. The following courses are currently offered during the undergraduate phase: Biochemistry, Genetics, Medical Ethics, Statistics, and Endocrinology.

Recommendations must be submitted to the Chancellor’s office at UCR by September 20, 2002, and the changes must be approved shortly thereafter so that the Class admitted in 2003 can be informed about the structure and progression of the Program.

**Discussion**

There will no longer be a Biomedical Sciences Undergraduate Program. Students will be admitted into a premedical program or track, but students from outside of that track may apply as long as they meet the admissions requirements. This is similar to the application/admissions process at most medical schools.

Dr. Stemerman noted that a mission statement will be created to encourage students to go into underserved areas. The admissions requirements will be as similar to UCLA’s as possible, which will require some modifications in the medical school curriculum. He informed that the UCR faculty and the campus are totally committed to carrying out the spirit of this agreement that has been entered into by the Office of the President and the Assembly. Under this structure, Dr. Stemerman thought that there should be more opportunities for access by transfer students from community colleges. There are budgetary implications for UCR’s action; if UCR cannot meet the criteria, state funds will be withheld. This also affects UCLA because some of the UCR funds support
programs here. There has been no discussion of changing the number of students from 24/year.

When approved, UCR’s modified curriculum for 2003 will be similar to UCLA’s current curriculum, however, it to through further modification as UCLA’s revision process begins for the anticipated 2003 implementation date.

There is a possibility of opening admission to all undergraduates, rather than just those in the UCR system and Dr. Johnson noted