Minutes: Meeting of March 13, 2002

Present:
Drs. Thomas Drake, Earl Homsher, Mark Noah, Michael Sofroniew, Margaret Stuber (Co-Chair), John Tormey (Co-Chair), and LuAnn Wilkerson and Joan Kaplowitz
Students: Emily Dossett (MS III), Sarah Kennedy (MS II), Apoor Patel, and Amy Stenson (MS III).
Guests: Pat Anaya, Gary Diener, Gezelle Miller, Christina Yoon and Drs. Susan Baillie, Kim Crooks, Joshua Goldhaber, Shelly Metten, and Alan Robinson.

Minutes

Dr. Stuber asked the members to review the amended minutes with the correction being that Drew has 15 residency programs rather than 15 residents. The members were encouraged to review future minutes (available on the Web) to make sure that the content is accurate. The minutes from the February meeting were approved.

Plan for Cardiovascular-Renal-Respiratory course for integrated Year I & II curriculum – Drs. Josh Goldhaber & John Tormey

Dr. Goldhaber provided an overview of what the Cardiovascular-Renal-Respiratory Course (CRRC) Taskforce has been planning. A hardcopy of the working draft was distributed to the MEC members for review. Dr. Goldhaber emphasized that this indeed was a draft and that there is room for amendment and change. This is a work in progress.

Dr. Wilkerson informed that the Taskforce was not asked to develop the entire curriculum for the first two years, but to develop a single block. For example, rather than writing the entire book, they were asked to write a chapter to inform the faculty. The MEC needs to decide if the proposal is ready to be presented at the FEC or at other meetings. Dr. Robinson informed that education is the topic for the next General Faculty Meeting. It could be presented at this meeting if the MEC approves.

Background

Four years ago, the Human Biology and Disease Taskforce came up with a statement of principles and the idea of a four-block curriculum taught in the first and second years. Then in 1999-2000, Block Planning Groups were formed, one for each block. The proposals from these planning groups were varying in detail, structure and content. It was difficult to understand the proposal as a whole. The Planning Oversight Group was formed and distilled the proposals into a comprehensive, integrated list of week-by-week content for the first two years. This was shared with the Department Chairs by Drs. Stuber and Tormey, and they received varying responses.

The CRRC Taskforce was established in Fall 2001 to develop a sample curriculum for the Cardiac, Respiratory and Renal Course block for Year I which demonstrated the overall and week-by-week integration of the course. This Taskforce first met in November and was chaired by Drs. Goldhaber and Tormey. Members include Drs. Brass,
Bricker, Drake, Kleerup, Metten, Ross, Stangl, and Wilkerson. This group had to consistently remind itself that this block built on Block 1, the Foundations Block. They were designing a course that was based upon a course that did not exist yet.

The CRRC Block
This block would cover anatomy, histology, and physiology of cardiovascular, pulmonary and renal systems. All of this will be taught with relevant pathophysiology that can be used to reinforce the physiology when and where appropriate. The Taskforce members also hoped to include organ-specific molecular and cell biology, embryology, and introductory physical exam skills. There are other topics that can be included.

There are eight weeks in this block. The case and discussion would center on the following topics or themes each week.

Week 1:
  Dyspnea and the exchange of gases from atmosphere to blood
Week 2:
  Circulation of blood, the pump and regulation of its rate; electrophysiological control
Week 3:
  Regulation of blood flow and blood pressure; autonomic responses, vascular supply
Week 4:
  Myocardial infarction, heart failure and valve disease
Week 5:
  Renal regulation of fluid balance in health and disease
Week 6:
  Acid-base balance and renal failure
Week 7:
  Pulmonary edema and respiratory failure
Week 8:
  Integration of the Cardio-Renal-Respiratory System:
  This week would pull all of the materials from the first seven weeks together to explain how the whole system can work in concert and/or fail in concert.

The weeks do not necessarily have to start on Monday and could be a six-day week. There is flexibility in the weekly schedule.

The Taskforce members agreed that there would be a maximum of two hours of lecture and four hours of "non-lecture" activities a day. These non-lecture activities would begin on the first day of each topic with a case that reflects the theme of the week. This idea is similar to what goes on in CABS right now in the sense that it would bring up a lot of principles that students should learn. There would be specific objectives that would be covered in these cases that would match with the lectures. There would be constant interaction from case to lecture and back to the case. The non-lecture activities include various labs, tutorials, "doctoring" activities, etc.
At the end of the week, students would wrap up the case. In small groups, they would go through all of the learning objectives that were proposed at the beginning of the case. There will be personal interaction with at least one faculty member who can help students make sense of what they learned through the case and lectures. There will be related case vignettes where there would be additional presentation of patients that would enable students to test themselves. The examples would be carefully chosen so they would be helpful to reinforce the issues that were addressed before.

Dr. Goldhaber discussed Week 2 in detail.

**Assessment**

There are several ways to assess students in this kind of system

1. Weekly quizzes: The students would take a quiz on-line at the end of the week. The questions would be basic and straightforward. It would be on either Friday at the end of the day or on Monday of the following week. The Taskforce members were more favorable to the having the quiz on Fridays. However, if this is on line, students can take it at any time.
2. Examination at the end of the block: The exam could be written so that it prepares the students for the USMLE so that they do not have to worry so much about it.
3. Participation assessment: Since a lot of the learning would take place in small group settings, there needs to be a way to assess students’ participation and attendance.

**Discussion**

Dr. Robinson suggested covering topics over a lifetime from the newborn to the elderly to bring topics together. He thought this should be done in every block. Dr. Goldhaber mentioned that this eighth week template could be used at the end of every block, and Dr. Robinson’s idea of covering the topic over a life-span could be included as well.

Dr. Noah thought that this was an exciting idea. It was noted that much more pathophysiology, clinical pharmacology, and epidemiology will end up in the second year but will be covered in a limited basis in this block in the first year. The Taskforce did not concentrate on the second year. There is an understanding that the topics would be covered again for the second time in Year II with more emphasis on pathophysiology, implementing planned redundancy.

Dr. Stuber suggested that the broader overview of the two years be included in the presentation for clarity, as well as revising the one-page outline of the four blocks for the two years. It should be available for review.

There are four blocks that would carry across both years: Foundations Block, Cardio-Renal-Respiratory Block, Endocrine, Reproduction, GI, Nutrition Block, and Neurological and Musculoskeletal Systems Block. The emphasis in the Year II Foundations Block would be oncology, microbiology, medical genetics, general pharmacology, introduction to statistical design, and epidemiology. It was hoped that
what is covered in the Foundations Block would be usable throughout the following blocks and that there would be more emphasis in the second year on the use of these tools. The second year would emphasize pharmacology, therapeutics, and clinical trials as well as various the genetics of the systems covered.

Emily Dossett felt that the proposal was great. She especially liked the idea of having physical examination in the first year. Dr. Tormey informed that Doctoring is now called Introduction to Doctoring. Physical examination will be a thread throughout both years. Dr. Stuber informed that there would be a continuous clinical experience throughout the curriculum. Exactly how that is going to be organized has not yet been fully discussed. The CRRC Taskforce members agreed that having a continuity clinical experience would be of value. In this proposal, there is a clinical preceptor experience every fourth week. The Taskforce members recommended this be increased to every other week.

Dr. Robinson commented that the eighth week is a great concept. He suggested using that time to point the students to topics covered previously as well as future topics in the subsequent blocks. He named some of the questions faculty may want to know when hearing this presentation:

1. How long does it take to plan a block?
2. Why is this really different from how physiology is taught currently?
3. How much more detailed are the objectives for each lecture than objectives we now have in the current courses?

Drs. Goldhaber and Tormey informed that the objectives in this proposal were largely pulled from the existing course objectives. The difference is that they tried to pull together materials that are currently in courses spread over the entire two years and move them into juxtaposition so that their relevance would be clearer.

Dr. Goldhaber informed that with this new proposal there would be at least five fewer hours per week in scheduled activities than there is now. Dr. Tormey agreed that it would reduce classroom hours. However, students would spend as much or more time learning the material on their own due to the intentional reduction of classroom time. Dr. Wilkerson commented that this new proposal would give a very different signal to students about what is important in learning. Students will need to learn to use "extra" time to work with primary sources and other resources.

Sarah Kennedy commented that what is good now is that students can learn at their own pace and that people have varying learning styles. This new assessment may induce more anxiety among students. Drs. Goldhaber and Tormey responded by stating that the quizzes should be designed so that they are confidence builders and "pacemakers".

A student suggested making the quizzes case-based to incorporate student participation, creativity, presentation, etc. This would help them develop various skills. Dr. Homsher stated that the quizzes should not be viewed as a high-pressure situation. He also stated
that although there is less scheduled time, there would be a lot more teaching going on in the new proposal. There will be an increase in small groups, faculty participation, etc.

Dr. Noah commented that when this is presented to the larger faculty, it needs to be stated clearly what is expected from students during the "unscheduled" or independent learning time. Dr. Sofroniew stated that determining what topics stay and what does not is a sensitive issue and will depend partnership between the clinical and the basic science faculty. It could be one of the stumbling blocks. Another stumbling block will be to determine the equity of time among the blocks. The issue of administration is also huge and needs to be addressed.

Dr. Wilkerson informed that other schools have stated that starting from scratch, about 18 months are required to put a whole new course together. It is hoped to call for a vote by June and get rolling as soon as possible rather than waiting another two years. Dr. Robinson stated that this proposal is excellent and is ready for the FEC. Dr. Wilkerson suggested adding an introduction that sets this proposal in a broader context.

There was some discussion about the possibility of shortening the first and second years. There is a reality that the curriculum is truncated because of USMLE Step II. There was a lot of discussion in the Block Planning Groups about how this should be addressed, particularly in the fourth block where students’ focus is on studying for the Boards. Dr. Drake commented that this is the reality it would be best to separate the two concepts (new curriculum vs. shortening the first two years).

There needs to be a sense from the faculty whether or not the general principle of this new curriculum is acceptable because if it is not going to be accepted no more time is going to be devoted in planning and in further discussion.

Dr. Homsher felt that we were going to be faced with the same questions and opposition as the first time. There will be concerns about lost course control by the departments. This proposal does not address this concern. There needs to be some plan to deal with these concerns.

A straw poll was taken to see if the MEC members felt that the presentation made today is ready to be presented at the next FEC meeting with moderate revisions.

Straw vote to proceed: Yes: 9 No: 0

*Note: Dr. Drake has left during the time of this poll.*

Dr. Stuber thanked the Chairs and the members of the CRRC Taskforce for all of their hard work in planning this course.

**Medical Student Survey of Class of 2003:**  
**Suggestions for 3rd year clerkships, 1st & 2nd year clinical curriculum, mentoring programs - Emily Dossett, Amy Stenson, and Apoor Patel**
Emily Dossett and Amy Stenson sent out a poll in late December and early January to the Class of 2003 asking questions on 10-15 issues that have come up throughout the year. About a half of the Class responded to this survey. They chose three issues to discuss with the MEC members this meeting: Radiology Clerkship, Flexibility in the Third Year, and Mentoring System. Other issues they would like to discuss with the MEC in the future include Spanish Curriculum and Clinical training in the first two years.

**Radiology Clerkship**

Overwhelmingly, students felt that the Radiology Clerkship is still not effective, and a large number of students end up taking a fourth-year elective in radiology. Their main concerns with this clerkship are that there is not enough one-on-one training time and that it is too varied between sites. Students are pleased with the lectures that are given, however, they are not sure if that is the most effective way to learn radiology. Students want more one-on-one time with radiology residents and more continuity across disciplines. Students do not feel that they are learning the material.

Dr. Wilkerson informed that the Radiology final exam was given to the Class who went through the old clerkship curriculum; the mean score for those who have taken the clerkship was 70.9. The mean score for those who had not taken the clerkship was 68. The same exam was given a year ago to students who took the new clerkship, and the mean score was 75. This is contradictory to the students’ last comment. She commented that the criticisms raised here apply to the old clerkship curriculum as well.

Students recommended these possible solutions:

1. There are small groups that already exist. These could be added into the curriculum and schedule time for student to spend time in the reading room.
2. Make the lectures as small and as interactive as possible.
3. Consider going back to the two-week block schedule.

It was agreed to continue the dialogue with the third year students to work together to improve the clerkship.

**Flexibility in the Third Year**

70% felt that the third-year curriculum should be more flexible. One of the concerns is that the timing between the subinternships and residency application is short, especially for the early match students. Students would like the ability to participate in other activities like research, language study, or subinternships during the third year. Students have received approval to do research and language study in their third year, but approval has not been given for subinternships.

Students would also like more flexibility in the Doctoring 3 Preceptorship. Students would like to choose the subspecialties in their area interest. For example, ER is not available for. The MEC has already approved at a previous meeting to change the Doctoring 3 Preceptorship into a Longitudinal Preceptorship and allow students to change once during the year. The responsibility has not yet been assigned to any group.
Students commented that there are no opportunities to have a preceptorship in Emergency Medicine, Radiology or Anesthesiology.

**Mentoring**

77% of students felt that more effort should be put into making a more effective mentoring program at UCLA. Students do acknowledge that UCLA has made attempts to improve the mentoring system, however, they feel that it is not working well. They commented that CABS and Doctoring have been ways to build these mentoring relationships but would like to increase opportunities.

They suggested the following:

1. Increase more interaction between students and faculty in the first two years in a more social setting.
2. Colleges can initiate mentoring earlier.
3. Organize a taskforce to look at effective ways of implementing a better mentoring program.

Amy felt that students could benefit most from having a mentor during their first two years. The new curriculum may create more opportunities for faculty-student contact and interaction. The colleges expect to move some of their activities into the earlier years. However, in this first year of implementation, this has not been done yet. This idea has not been abandoned.

Students felt that the first two years is the hardest time to interact with faculty. They would like to have more informal and social opportunities to connect with faculty members. Dr. Sofroniew suggested following the UK model where they host social dinners on a frequent basis. These dinners are funded by various agencies. He suggested having the Dean’s Office solicit funds for events such as these. Members liked this idea.

There have been various attempts made in the past to create opportunities for student-faculty interaction over the years. However, the students did not show up after awhile. These opportunities, however, may have been too formal, and creating more informal opportunities may be more effective.

Dr. Stuber thanked the students for their presentation.

The meeting was adjourned at 6:30pm.