Minutes: Meeting of October 16, 2002

Present:
Drs. Craig Byus (telephone), Thomas Drake, Ronald Edelstein, Theodore Hall, Mark Noah, Neil Parker, Susan Stangl, Stuart Slavin, Randolph Steadman, Margaret Stuber (Co-Chair), Jan Tillisch, John Tormey (Co-Chair) and LuAnn Wilkerson, and Janice Contini

Guests: Dr. Shelley Metten, and Pat Anaya, Louise Howard, Gezelle Miller, and Luz Orozco

Students: Neelu Arora, Mailan Cao, Karin Jacobson, Dawn Ogawa, Amy Olin, Sirach Selassie, Jason Tarpley, and Donna Zulman

Announcements

Dr. Tormey presented the MEC-approved motion regarding the deadline for students taking Step 2 of the National Boards to the FEC. The FEC agreed to support the decision of the MEC to make the current deadline no longer a mandatory requirement but to strongly suggest that the exam be taken by December 31st. Students who are "at risk" in terms of passing the exam may be asked by the Dean’s Office to take the exam by December 31st to allow time for additional attempts if needed. It will be at Dr. Parker’s discretion to identify "at risk" students.

Dr. Parker responded by saying he would review this policy with the College Chairs and might bring their proposal to the MEC. He will also convene a small group to consider the requirement to pass Step 2.

Minutes

After a minor correction, the minutes were approved.

UCR Biomedical Sciences Program (BMSP) Dr. Byus

Dr. Craig Byus, UCLA Associate Dean for Biomedical Sciences at UCR, joined the Committee by telephone and gave an update on the changes that are taking place at UCR.

UCR has worked very hard during the past several months to restructure the Program, and to update the philosophy and mission. He expressed appreciation for the tremendous support from Drs. Parker and Wilkerson.

The Biomedical Sciences Program (BMSP) is currently an accelerated program that integrates three years of college courses with the medical undergraduate curriculum. At present ~250 students are admitted to BMSP as freshman each year. These students are required to take a number of basic science medical courses during the three undergraduate years, viz., Biological Chemistry, Genetics, Human Embryology and some Microbiology. At the end of the three years, 25 from the original of students are admitted to the first year medical curriculum at UCR.
Beginning next year, students will not longer be admitted to the BMSP when they enter UCR as freshman undergraduates. BMSP will become a program that admits students directly into the first two years of medical school at UCR, followed by two years at UCLA. In the future, any undergraduate at UCR who has been enrolled as a full-time student for six continuous quarters will be eligible to apply. Students may apply for admission after three years, four or even five undergraduate years. This will make admissions to the program much more flexible. For instance, students who have transferred to UCR from junior college will be able to apply.

The new mission is "to prepare students for distinguished medical careers with special emphasis on the underserved and inland and rural California". Much thought and discussion went into the changing of the mission statement. UCR faculty and staff are very committed to the new mission. New selection criteria and admission requirements will support the mission. A more comprehensive plan is being developed.

The new Human Biology and Disease curriculum being developed at UCLA will also be implemented at UCR, but one year later. After some persuasion, UCR faculty are now committed to the new curriculum structure. Encouraged by Drs. Parker and Wilkerson, more CABS cases will be included this year--one CABS module per quarter, and 2-3 modules per quarter next year.

There have been some problems setting the date for full implementation of the new procedures for admitting UCR students into the medical school years. A final decision will be made on November 5th.

Dr. Byus was thanked for informing the Committee about the important changes at UCR BMSP.

**Analysis of Summer Lecture Series in Embryology** Class of 2005

Neelu Arora made a PowerPoint presentation. [See attached file](#) (PDF).

**Discussion**

Lectures were held from 12-1, once a week on Tuesdays during the summer period. Embryology has been in and out of the curriculum and attempts to determine the appropriate embryology content in the new curriculum are ongoing. Dr. Hall commended the students on their initiative, noting that embryology is an important topic and suggesting incorporation of some clinical content if the lectures are offered again.

Dr. Metten commented that the summer lectures were a positive experience for everyone. Dr. Tormey informed that the new curriculum would have more embryology than past years.

Neelu was thanked for her excellent presentation.
Medical Spanish continued from September meeting

Dr. Tormey provided a brief recap of the discussion that took place last month.

After the September meeting, Mailan Cao and Donna Zulman met with Dr. Paula Henderson. Students feel that the course should have a clinical component. One suggestion was to allow students taking the course to have priority for the preceptors in Spanish-speaking populations, however, Dr. Stangl mentioned that preceptors in these areas need students who can speak Spanish, not those who are learning Spanish. Another suggestion was to establish a relationship with a clinic that can accommodate one or two students per afternoon; students can sign up throughout the year. This could be a required component of the course. Dr. Henderson suggested using standardized patients. The students felt that the ideal class size would be only 12-15 students. They suggested a Steering Committee to develop a curricular proposal.

Dr. Stangl suggested investigating the recommended options further. Someone should look into each option, determine how much it would cost, and come up with a proposal and budget. Dr. Wilkerson informed that there is a $20,000 budget already.

Dr. Wilkerson informed that she went to UCLA Extension and had offered to pay $20,000 for them to teach an immersion course for four weekends just for the medical students. They were willing, but students were not.

Dr. Noah felt that rather than discussing what and how it should be taught, the Committee should decide if this should be a requirement for admissions or graduation. A student mentioned that Spanish makes a big difference in the third and fourth years. 75% of her patients are Spanish and having proficiency in Spanish does affect one’s learning and experience in the third and fourth years.

Dr. Parker has brought up this matter to the Admissions Committee as well as the California Medical Schools to see if they would make it an admissions requirement. He informed that they have been unwilling to do this. He also brought it up to the AAMC and has received the same response. He felt that making it an admissions requirement here at UCLA would not be a wise decision. Right now, Spanish is strongly recommended but is not required. He felt that is should also not be a graduation requirement, but it could be a requirement for advancement from our second year into the third year.

One of the problems is that students have varying levels of Spanish proficiency and background. It was suggested having a placement exam at the start.

Mailan Cao moved that the MEC make Medical Spanish a priority in the curriculum and that they initiate a Steering Committee comprised of faculty and students to figure out the most advantageous curriculum and implementation process.
Dr. Parker asked to amend the motion by stating that students will need conversational Spanish, not Medical Spanish. Mailan Cao accepted the amendment and the revised motion is:

The motion is to have the MEC make conversational Spanish a priority in the curriculum and establish an ad hoc committee to investigate the best possible curriculum and implementation process. The motion was unanimously approved.

Results from 2002 Clinical Performance Exam (CPX) Dr. Wilkerson

Dr. Wilkerson presented the results of the CPX.

At the end of the third year and the beginning of the fourth year, there is a required clinical skills exam called the Clinical Performance Exam. It is done across all the medical school in California, except Davis. This was put together by faculty members from all of these schools.

The MEC has charged the Clerkships to reinforce the physical exam because the CPX scores have been weak in prior years. (Years 1-3 students were asked to leave the room for the next portion of the presentation/discussion.)

The students see seven patients, and they are videotaped. Within a couple of weeks of finishing the exam, each student gets a letter from Drs. Wilkerson and Parker regarding this exam. They are told that if their score is equal to or greater than two standard deviations below the class mean on any component, they are required to remediate. Dr. Parker is the one who meets with the students who require remediation.

The College Chairs were asked if they would organize the tape review process with their students. Drew and Primary Care College agreed and had all of the students review their tapes. The Applied Anatomy College had half of their students review their tapes, and the Acute Care College did not offer this review to their students. Dr. Wilkerson wanted to know if this review process should be required or optional.

Dr. Tillisch commented that this should be required because it is a terrific opportunity. However, he wondered who could be responsible for reviewing this with the students. He felt that the emeritus faculty are a great resource to the medical school and suggested thinking about recruiting more emeritus faculty for this purpose. If a cadre of faculty could be identified then this could be done. Faculty can include emeritus, voluntary clinical faculty, etc. This cadre of faculty should be trained. Putting the cases on CD Rom was also suggested so that it would be easier to locate a particular case.

Dr. Parker informed that this exam is used as a learning tool, and students are not required to pass it. UCLA can follow Loma Linda’s model and require students to pass the exam and offer tutoring for students who do not pass it. If UCLA is going to require that students pass the exam, a passing score needs to be identified.
Dr. Tillisch felt that it was important for the third year clerkships to realize that there is room for improvement in the scores. He suggested that students do one or two cases rather than all seven in order to make them focus.

A fourth-year student informed that she reviewed the tape. She felt that the CPX did not accurately reflect her performance. She did not feel that the CPX was a useful experience as an examination. Dr. Stuber wondered if there should be a absolute cut off level other than the two standard deviation level for remediation; all of the students scoring below that level would have to review the tape. The student did comment that reviewing the tape with a faculty was indeed useful. Regardless of one’s score, reviewing the tape would be a useful experience for all of the students. Dr. Wilkerson distributed the actual checklist of a case.

This topic will be revisited soon.

The meeting was adjourned.