Minutes: Meeting of April 9, 2003

Present:
Drs. Craig Byus, Ronald Edelstein, Mark Noah, Michael Sofroniew, Susan Stangl, Randolph Steadman, Margaret Stuber (Co-Chair), Jan Tillisch, John Tormey (Co-Chair), and LuAnn Wilkerson.
Students: Mailan Cao, Jason Tarpley, and Donna Zulman.
Guests: Patricia Anaya, Louise Howard, and Gezelle Miller, and Drs. Susan Baillie, Heather Krell, Bartly Mondino, Ameneh Rahimi, and Marc Yoshizumi.

Minutes

Dr. Tormey informed that Dr. Wilkerson had emailed a couple of revisions. The minutes were approved as revised. (The revised version has since been posted on this website.).

2001-2002 Clerkship Evaluations

Dr. Susan Baillie reviewed the aggregate data compiled for 2001-2002.

Discussion

Dr. Baillie reported that evaluation reports are given to Academic Coordinators, Course Chairs and Department Chairs. Dr. Tillisch commented that someone from each department should have access to this information as soon as available, and he believed that his Department Chair had not received these data. Dr. Baillie will look into this matter.

Dr. Baillie will present these same data to Clerkship Chairs at their next meeting and will obtain specific feedback from them. Dr. Noah suggested having the evaluations distributed by year rather than by blocks. Dr. Baillie informed that for 2001-2002, all of the faculty and course data are aggregated by clerkship and not by faculty. Dr. Wilkerson commented that aggregating the data after each block is not very effective and therefore, as of last year, the data is sent in aggregate form at the end of the year.

Drew reviews one clerkship at each EPCC meeting. One possibility is to invite Clerkship Chairs to MEC meetings once in awhile to report on course. Dr. Wilkerson moved to charge someone to devise a plan for the MEC to systematically review the clerkship data.

Dr. Stangl commented that it was very time consuming to look at each PDF file on the CD ROM. Dr. Wilkerson said that they could revert to paper reports, and Dr. Stangl said that was easier. Although the aggregated data of the entire year is most useful, Dr. Stangl commented that evaluation reports during the year are necessary. Finding an easier way to look at the data would be very helpful. Dr. Tillisch recommended that an advisory e-mail or letter be sent to the clerkship chair of any "red flag" items.
Dr. Wilkerson stated data could not be given aggregate form during the year; only the annual data can be aggregated. The reports are saved as PDF files to be stored alphabetically by faculty name. The current evaluation system does not have much flexibility. Dr. Tillisch offered to lend a program to Dr. Baillie for reporting aggregate data automatically, which she is eager to review.

**Ophthalmology Clerkship**

Dr. Mondino (Ophthalmology Department Chairman) and Dr. Yoshizumi (Clerkship Chair) joined the MEC meeting to discuss the clerkship.

Ophthalmology is one of the components of the Surgery Clerkship. About six to eight months ago, there were some concerns at the Surgery Education Committee about how ratings of the Ophthalmology rotation were lower than the other components. Students’ comments indicated that the course objectives were not being addressed and that they could not learn what they needed to in the operating room. They were often not expected and not taught. Evaluations from this year have shown a little improvement. The objectives for the Ophthalmology Clerkship were distributed for the members to review.

Dr. Yoshizumi thanked the MEC for allowing them to come and speak about their Clerkship. He stated that they want to maintain their clerkship and are committed to improving the curriculum. An alternative rotation of about 20 students every six weeks as a one-week component of the Ambulatory Clerkship was suggested to them. They would be given some lecture time to focus on the other objectives, and not just the exam, and not a repeat of the second-year course. However, they did not favor this arrangement and considered it ineffective for teaching the examination of the eye, which the already accomplish in the second year Clinical Fundamentals course. They believe the best teaching can be done students looking in patients’ eyes and using their ophthalmoscopes, an essential technique for every medical student.

Dr. Wilkerson mentioned that the second-year course would be part of the new curriculum clinical skills component. Dr. Sofroniew informed that Block 4 teaching for one week on the visual system. All were reassured that this topic would be incorporated.

One of the least satisfactory aspects of the course has been insufficient patient contact. Dr. Yoshizumi emphasized that Ophthalmology wants to provide more patient contact for the students’ instruction. They recognized this particular deficit.

Dr. Yoshizumi informed that they had had a successful clerkship prior to being incorporated into the Surgery Clerkship, which has not been a totally comfortable marriage. Surgery experienced low ratings due to Ophthalmology, and Ophthalmology could not perform at its best within the Surgery rotation. This should be considered by the MEC. Dr. Mondino reiterated that they have done well with the medical students in the past with a fairly well regarded clerkship. Dr. Mondino asked that the MEC continue the current rotation arrangement while they improve their curriculum delivery. As soon as he
knows that they can move forward, they will meet with the hospital chiefs to fix the problems across all sites.

Dr. Steadman approved of the Ophthalmology objectives but thought they were too ambitious for the time allowed. He recommended they be distilled to the essentials; students could check these off throughout the week as they are accomplished. The card would raise the awareness of faculty and students of course objectives and where they are taught. In Anesthesia, students turn in their cards at the end of the rotation, helping to ensure a consistent curriculum because at least 80-90% of the items must be checked off. This has been successful for the Anesthesia Clerkship, and Drs. Mondino and Yoshizumi liked the idea.

Dr. Noah commented that as a medical student at UCLA, there were opportunities to examine patients’ eyes in clinics. Dr. Yoshizumi stated that they plan to return to this practice.

Dr. Wilkerson asked if some content should be covered in a required fourth year rotation, e.g., essential content, but cannot be fit into a three-day week. There might be some time even after the second year and before the third year in the new curricular structure, but the time would not be available for two more years (At this point, the new first and second year curriculum was review for Drs. Mondino and Yoshizumi.) Dr. Wilkerson encouraged the MEC to focus on the immediate changes that need to be made in the Ophthalmology instruction. Drs. Mondino and Yoshizumi were thanked for attending the meeting and for their commitment for an improved course.

The members felt that Ophthalmology should be given a chance to improve their course.

Dr. Noah commented that their objectives have nothing to do with Surgery, and students will not learn in the operating room. There is no grade for the Ophthalmology component. The course is not integrated with Surgery, but resides in their 12-week block.

Dr. Tillisch made a motion and Dr. Steadman amended it. The amended motion is as follows:

**Dr. Tillisch moved that Ophthalmology revise their objectives to approximately 12 and that these objectives be addressed in their course curriculum. The MEC will examine the success of this midyear (November 2003).**

This motion was seconded and approved with the following votes: 8 in favor and 1 abstention.

**Medical Spanish**

The MEC revisited the issue of Medical Spanish. A subcommittee charged with looking at this issue in greater detail met and discussed various options. Dr. Wilkerson informed that a course was identified at the Universidad de Guadalajara Medical School that
includes clinical experience and classroom instruction. For one student to go to Guadalajara for four weeks costs about $1000 plus airfare. Students can live with a family and work in a designated clinic, based on a skill assessment. The Subcommittee asked if a student could borrow money as student loan, and Dr. Parker answered that they could not unless Medical Spanish is a required course.

Dr. Stangl researched this topic for an AAMC discussion and surveyed how other schools are teaching Medical Spanish. A medical school in Texas arranged with local predominantly Spanish-speaking clinics where students could request to do their family medicine rotation. A method that worked well was having physician instructors. Programs that combined clinic experience with language training were well received. She did not find any school that made this a requirement.

Dr. Wilkerson explained that it is very difficult to find a physician who wants to teach this course. Also, the format does not fit well into the rest of the curriculum; a one-hour class every two weeks is not an effective way to learn a language. Dr. Byus suggested that Spanish should be an admissions requirement.

Dr. Wilkerson proposed that the MEC discontinue the Spanish course in the third year in order to concentrate all available resources on (1) improving the experience in the first year and (2) focus on one level rather than two. Jason Tarpley felt that if the school is going to teach just one level, it should be level 2 given that students have resources for basic teaching elsewhere. He further recommended a placement test be administered and a local immersion experience organized.

Donna Zulman asked whether more opportunities to work with preceptors in clinics where mostly Spanish is spoken, however, Dr. Stangl felt that learning basic Spanish while treating patients is not very successful for both parties.

Dr. Tillisch commented that Internal Medicine has two translators who are very much in demand. Students with 6-12 weeks of level 2 of medical Spanish could have the opportunity to work on their Spanish in a medical setting as translators and provide useful service. He felt that an adequate number of immersion experiences in a clinical setting could be arranged. Dr. Stangl was very supportive of this concept.

Dr. Tormey suggested having the level 2 course at the beginning of the year, then move to an immersion experience. Level 1 students can expect to take Spanish at other places and move on to level 2 in the Medical School in the second half of the year. Dr. Wilkerson commented that there is a staff person assigned to Medical Spanish, and Dr. Henderson is assigned as the faculty in charge of this program.

A motion was not required, but there was a strong consensus. Feedback will be forwarded to Dr. Henderson.

The meeting was adjourned at 6:30pm.