Minutes: Meeting of January 15, 2003

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

Students: Mailan Cao, Dawn Ogawa, Sirach Selassie, Jason Tarpley and Donna Zulman.

Guests: Patricia Anaya and Drs. Sue Baillie, Gretchen Guiton, Heather Krell, Shelley
Metten, Lee Passman, Janet Pregler and Ameneh Rahimi.

MINUTES

Dr. Tormey reviewed what took place at the last MEC meeting as the committee
members looked over the minutes. A brief update of Blocks 3 and 4 were given (see
below). A motion was made and seconded to approve the minutes; they were approved as
written.

PLANNING STATUS – HUMAN BIOLOGY AND DISEASE CURRICULUM

In preparation for a vote, Dr. Tormey polled representatives of the currently active
planning teams and asked for discussion of whether we should go forward with
implementation in Fall 2003, as opposed to waiting until Fall 2004:

Block 1

Dr. Drake reported that implementation in 2003 is possible. The price may be that the
curriculum would not be as polished; however, the trade off could be losing momentum if
the implementation is delayed until 2004. He had hoped that the year 2 planning would
be further along.

The Block 1 Chairs have not yet formally signed up faculty to teach in Block 1, but they
have had many discussions with individual faculty and have identified that ample
numbers who are available.

Dr. Wilkerson commented that, at this time, she could identify which departments belong
to which labs. The faculty teaching in the current labs can be identified and expected to
teach in Block 1. She thought that CABS B tutors might be the most appropriate to
recruit into this Block 1 to teach small group sessions. Dr. Tormey informed that Block 2
was planning to use the CABS B tutors. This will need to be discussed further.

Block 2

The sequence of lectures and labs is not significantly different from what was shared last
spring. The faculty who would give most of the lectures have been identified. However,
the co-chairs have not lined up individual PBL instructors because they were hesitant to
elicit faculty commitments to teach in a course that might not be given in 2003. They will wait on this until the FEC votes next week. Dr. Tillisch felt that he could press into service other faculty in Internal Medicine to supplement these sessions. Therefore, even in sharing the CABS B faculty with Block 1, Dr. Tormey believed everything would work out.

Dr. Tormey would like to communicate to the FEC that the curriculum built around cases that begin and end each week does not depend on having groups of a certain size. Ideally, there would be 8-10 students per group. However, if this seems not feasible, the group size can be enlarged or the groups can meet at the start of the week without a faculty member. Dr. Tillisch liked the notion of having faculty members present at the beginning to set the pattern for the small group sessions then having the students work independently before coming back to discuss the outcomes with the tutor present at the end. Dr. Wilkerson informed that she conducted a two-year study on this matter. The PBL cases were the same each year. The first year, there was a faculty member present at the initial and final session for each case; all of the learning issues were identified and tracked. The second year, a faculty member was not present at the initial session but only at the end of each case. The comparison result was that 85% of the selected learning issues were identical. This study has been published, and Dr. Wilkerson can share it with those who are interested.

Dr. Stangl commented that if faculty can check in on the work done by the students (such as recorded on the large white sheets of paper), they would not be have to be present at each of the sessions. They could communicate with students over the Internet, and over see their work asynchronously.

**Block 3**

Dr. Tormey announced that Dr. Shelley Metten has been appointed as the new histology thread leader. Dr. Metten reported that after the last MEC meeting, the Block 3 Chairs met with her and Dr. Braun to discuss how histology could be integrated into the Block. They agreed to reexamine the histology component in Block 3 and were open to considering some innovations that might even alter the sequencing of the Block schedule. They were very receptive of the suggestions made by Drs. Braun and Metten. Dr. Metten felt that the meeting was very successful and had full support from Dr. Braun.

Dr. Pregler added that Dr. Metten was charged with looking at the issue of integration of functional cell biology with physiology, and biochemistry. Dr. Metten mentioned that Dr. Drake had provided an excellent analysis after reviewing the Block 3 curriculum. She noted that this kind of feedback and consultation would be greatly helpful to the planning process.

Dr. Pregler commented that Block 3 has not consulted with all of the faculty members that need to be informed about this curriculum. However, both Drs. Howard and Pregler felt that they would be ready to implement their curriculum in a year from now since Block 3 will not begin until a year from now. Their concerns are, however, as follows:
How will this relate to what is going to be taught in Block 1?
Will Block 1 be far enough in advance for Block 3 to make sure that this integration occurs?
How will evaluations and testing be developed and will they be ready?

Dr. Stuber stated that the Block and Thread Chairs Committee would need to start addressing the issue of testing (and their implications) very soon. Dr. Wilkerson informed that there was a two-hour workshop the previous Monday that explored Rochester's model for comprehensive evaluation of medical students. Also, three future workshops have been scheduled that would educate our faculty to be better test constructors. The workshops will be in February, March and April. More information will be emailed soon.

**Block 4**

Dr. Sofroniew reported that the Block 4 Chairs started to select cases. He informed that none of the Block 4 Chairs had any reservations about implementing the new curriculum in 2003.

**Year 2**

Dr. Wilkerson informed that conversations are continuing with the Department Chairs or their designees to identify two leaders for each of the blocks in year 2.

**Block 1**: Larry Feldman (M&I) is already on board and ready to join in the planning process. We are waiting for an answer from a candidate identified by the Department of Pediatrics. This candidate is a specialist in infection disease. Dr. Drake suggested that rather than having two people from such closely related disciplines, they should be from different fields since this is a diverse block. He suggested having one faculty who knows microbes and the other who knows heme/onc. Dr. Wilkerson informed that the Dean’s Office did ask for someone from heme/onc, but no names were forthcoming. She also stated that the Dean’s Office was under the impression that the block would be planned by a committee, not solely by the two block leaders. The Dean’s Office is continuing to ask the Department for recommendations for the best educator, assuming that they would involve other faculty from other fields.

**Block 2**: Joshua Goldhaber (Medicine) has been one board from the beginning. No one has yet been identified as his Co-Chair.

**Block 3**: Joseph Gambone (Ob-Gyn) has confirmed that he will this block. We are trying to select his co-chair from Medicine – GI.

Block 4: Everyone has been identified is currently engaged in the planning process across both years.

**Doctoring Thread**
Dr. Stangl reported that she met with all of the Block Chairs and felt that integration of clinical focus is definitely possible. However, the biggest concern is about recruiting faculty because during the transition year, physical diagnosis will need to be taught to both the first and second year students. On top of this, there are issues involving the Primary Care Network, whose members make up a significant portion of the physical diagnosis faculty. However there are other models of teaching physical diagnosis that could be looked into. The Department of Surgery has agreed with the Dean’s Office and MEC that they would help in organizing and providing faculty to conduct workshops for the Clinical Thread. She felt that adequate solutions will be found for the problems related to the transition year. These problems would exist regardless of implementation in 2003 or 2004.

Dr. Tillisch explained the situation that is currently taking place between the Hospital and the auditing group called the Hunter Group. The Hunter Group has made a preliminary report to the Hospital recommending that the Primary Care Network be privatized and broken down and that the Hospital reduce its financial commitment. Dr. Parker informed that the Hunter Group is aware of the impact that this would have on medical and graduate education. He clarified that the Hunter Group has not yet given an official report. When the report is produced, it will go to the Chancellor and the Dean for review. The Hunter Group only makes recommendation and is not the deciding body.

Dr. Slavin commented that it would be virtually impossible to promise that there would be a FCM course next year given the uncertainty of the PCN, which provides 2/3 of the Doctoring/FCM faculty. He suggested that the new FCM could follow a year later than the implementation of the new curriculum. Dr. Tillisch commented that in no way these issues should hold back implementation in 2003.

Dr. Wilkerson informed that she met with Drs. Parker, Robinson and Levey and reviewed all of the block plans. She informed that Dr. Levey was very eager to have this move ahead since the energy is very positive. He promised to read the entire proposal over the weekend. He proposed modifying group size and location during the transition year if all of the faculty members needed cannot be recruited. He asked that the planners think creatively to implement in the fall of this year.

**Informatics Thread**

The thread includes disciplines such as medical informatics, population health, clinical reasoning, biostatistics and epidemiology. The official name of the thread has not yet been determined. Dr. Parker commented that it has been difficult trying to get consensus among the planning group members. The group has looked at and figured out what they want to teach. They figured out that they would need about 24 hours of either seminars or lectures, which calculates to about one hour a week. The challenge is in layering these topics on to the cases. The group has made suggestions of specific lectures to Block 1. The plan was to have a lecture on the Friday before the week the case is covered. Dr. Parker will inform all of the Block Chairs how much lecture time would be needed for this Thread since there will need to be some presentation via seminar or lecture.
Anatomy Thread

Dr. Metten informed that she has been involved with the planning of Block 1-3 but not with Block 4. Dr. Sofroniew commented that they have met briefly with Dr. Trelease to discuss integration of this Thread.

VOTE ON WHEN TO IMPLEMENT

Discussion

Mailan Cao asked what would be lost if the new curriculum waited a year to be implemented in 2004. A first year student mentioned that one of his peers felt that some incoming students would decide not to come to UCLA because they felt as though the School was rushing the curriculum. Donna Zulman agreed with this and notified that she felt ill-prepared to comment about the new curriculum. She felt as though the School might lose some of the applicants. Dawn Ogawa felt that this would be the case regardless of the implementation date. Dr. Slavin felt that the new curriculum might attract a more adventurous group of students. Most of the faculty members voiced that the new curriculum should be implemented in 2003.

Dr. Baillie reported that the first and second year students have commented in their evaluations that the curriculum needs to be better integrated. They have commented repeatedly about the current curriculum and how it can improve.

Dr. Noah felt that it was very important to let students know what is happening with the curriculum since it impacts them the most. Dr. Parker commented that students have been informed and involved in this planning process, and they have been very positive about the change. He commented that the new curriculum will be shared with the applicants during the recruitment weekend.

Dr. Noah moved that the new curriculum start in August of 2003. Dr. Wilkerson seconded the motion. The motion was unanimously approved (15 votes in favor, none abstaining or opposed). The MEC will forward a strong recommendation to implement the new curriculum in 2003 to the FEC for a final vote next week.

CALENDAR

The members were asked to review the handout of the calendar. The dates were determined under the assumption that there would be a two-week Christmas Break and a week of Spring Break.

Dr. Parker informed that the NIH, CDC and NCI often have summer student programs that begin at the start of July and go through to the middle of August. Under the old curriculum, the students could not participate because they started school on August 12th. The new curriculum and schedule would put UCLA at the same timeframe with other programs. On the other hand, there will be long first year with several breaks inserted.
within. Dr. Slavin commented that with this schedule, there is a major advantage in year 2, because it has been almost impossible to start FCM and Doctoring in the first two to three weeks of the school year because they could not recruit faculty to teach in August. The new schedule would help tremendously.

The new schedule has test days on Monday and Tuesday the week after each block. Dr. Sofroniew asked the students if they preferred to have Wednesday, Thursday and Friday off or have Monday as a review day, test on Tuesday and Wednesday, with Thursday and Friday off. Dr. Parker suggested asking the first and second year students once this moves forward. Dr. Wilkerson suggested that the question be asked in the context of the whole testing system.

The meeting was adjourned at 6:10 pm.