Minutes: Meeting of July 9, 2003

Present:
Drs. Craig Byus, Ronald Edelstein, Neil Parker, Stuart Slavin, Margaret Stuber (Co-Chair), Jan Tillisch, John Tormey (Co-Chair) and LuAnn Wilkerson, and Janice Contini.
Students: Mailan Cao, Dawn Ogawa, Jason Tarpley, Donna Zulman, and Leslie????
Guests: Pat Anaya, Gezelle Miller, Charlotte Myers, and Christina Yoon, and Drs. Sue Baillie, Gretchen Guiton and Heather Krell.

Minutes

The minutes were approved as written.

Revised requirements for taking and passing USMLE exams - Dr. Parker

Presentation

Dr. Parker presented his ad hoc committee's recommendation to the FEC regarding the USMLE exams. Please see the handout, Ad Hoc Committee Report, for details. The FEC has approved the recommendations, and this report is to the MEC for information purposes only.

The ad hoc committee was organized to consider what parts (Step 1, Step 2, the new Step 2 Clinical Skills Exam (CSE), and Step 3) of the USMLE exam should be required of our students for graduation and by what dates they should be taken. The committee noted that passing the new CSE will required by the USMLE as essential to passing Step 2.
Therefore, so long as passing Step 2 is required by UCLA to graduate, it is logical that passing the CSE also should become part of our requirements.

The committee recommended the following to the FEC:

1. Step 1 should continue to be required. Students must take this before the beginning of their third year and pass it before the beginning of their fourth year. Students may take this up to three times. There are very few students who do need to take it more than three time in order to to pass it.

2. Step 2 should continue to be required. They decided not to require students to take Step 2 prior to submitting their rank lists, even though some program directors would like to see passing grades prior to Match. Nevertheless our students must pass it by the time they graduate, and they may take it up to three times. The ad hoc committee recommends that all students must take Step 2 by two weeks after the rank lists are due.

3. Step 2 CSE should be added as requirement, and student must pass it to graduate. Prior to taking the CSE our students must pass the CPX or successfully remediate their CPX deficiencies. Students must take this by two weeks after Match lists are
due plus 30 days. Students also have up to three times to take this to pass.

(These recommendations are reiterated in the table at end of attached Ad Hoc Committee Report.)

Discussion

Dr. Tillisch wondered, if everyone agrees that students will be required to pass both the CPX and the CSE, why that information should not be available sooner to help program directors determine whether a student is fit to start a residency program.

Dr. Slavin asked how many schools actually require passing the various parts of the exam for graduation. Dr. Parker answered that about half of the schools require students to pass for graduation, while many require that they only take the exam. For example, UCSD requires their students to take the exam but not to pass it.

Dr. Tillisch asked why any student would wish to expose himself to the risk of not being able to begin residency? Dr. Parker explained that on average there is only one student every other year who does not pass Step 2. Holding the entire class responsible for taking the test by December 31 does not make sense when the fail rate is this low. Students requested this deadline be changed, and the MEC and FEC both agreed.

Dr. Tillisch commented that the MEC should recognize that residency programs may refuse to not rank someone who has not yet taken this exam. Dr. Parker informed that the proposal was the consensus of the committee. However, this is a concern, and these issues were discussed at the committee meeting. The real issue may be the students’ reticence about program directors seeing their Step 2 scores; they are not concerned whether they will pass but how high they score.

Dr. Slavin was concerned about requiring the CSE for graduation because there is absolutely no track record with the exam, and we have no idea what the failure rate will be at UCLA. Is there rationale for requiring this right away? Dr. Parker answered that the rationale is that in order to pass Step 2, you must pass both the CSE and the computerized exams. The Board decided that that CSE would be part of Step 2, rather than making it a separate exam. Furthermore, opportunities for timely remediation will be limited. The CSE exams will be given at only six centers and their capacity will be very limited. This is a big concern.

The committee that came up with the proposal was organized by the FEC as its ad hoc committee, and it did include a residency director and an MEC co-chair. Nevertheless, Dr. Tillisch stated this proposal should not have bypassed the MEC. He felt that the MEC should have endorsed it before FEC approved it. He moved that the MEC refuses to endorse it without further discussion, and that this be communicated with the FEC.

Dr. Slavin felt that the CSE complicates matters a bit more and is concerned about this component. Dr. Stuber thought it was reasonable for the MEC to send a messages of
concern to the FEC. Dr. Wilkerson agreed the MEC should send a message a recommendation along with an expression of concern that the students would be taking the CSE so late in the year.

Dawn Ogawa thought that the MEC decided that certain students who are at risk (determined by the practice exam) would be encouraged to take the exam earlier. Dr. Parker commented that this approach was taken this past year, and 25% or more of the students needed to be told. However, many of these students did not take the text because they felt that they needed more time.

Dr. Tormey stated that the ad hoc committee and the FEC might not have followed proper procedure. This probably should not have gone to the FEC without the MEC’s review because this is MEC related business. He noted that the MEC leadership decided that it could go directly to the FEC, because of time constraints for getting an approved policy to the Class of 2004.

Dr. Slavin stated that this time was short only for the current seniors. He did not think that people would be remarkably troubled by continuing the policy, which has been in existence for this current year when we do not have the CSE. What will happen in 2005 is of greater concern, and there is more time to decide this. Dr. Parker stated that the recommendation could come from this group to change that.

The FEC seemed to more concerned with the problem of students who postponed Step 2 to the very last moment, and it gave relatively little time to the CSE component. If the CSE is our primary concern, there is still ample opportunity for the MEC to formulate a different policy about the timing and the requirement of the CSE.

Dr. Stuber concluded that the MEC members further review the ad hoc committee proposal at an upcoming meeting. FEC has accepted this proposal for this year, but the MEC can review and make new recommendations for the following year when the CSE will be implemented. Dr. Tillisch withdrew his motion and agreed with Dr. Stuber.

HB&D Curriculum: Attendance and Grading Policy – Dr. Tormey

Presentation

Dr. Tormey reviewed the revised grading and evaluation policies for the new curriculum. These have been developed over several meetings of the Human Biology & Disease course and thread chairs committee. The attached document in PDF format is a statement of these policies, including modifications made as the result of the following discussion.

Discussion

Dr. Slavin asked how the students will make up a missed session. In CABS, students who missed a session still had to do their learning issues and post it for the rest of the group to
review, or they switched groups for the session. Dr. Parker suggested changing the last sentence under PBL: "Any missed session must be made up. Missed sessions cannot satisfy … by later make up work." Dr. Tormey agreed that the sentence beginning "Missed sessions cannot satisfy..." could be dropped because it was a comment rather than a statement of policy.

Since there are only four "doctoring" PBL sessions in each course, it may not be feasible for doctoring faculty to provide detailed evaluations of each student at the end of each course. Instead they might grade a student as "in progress" or "satisfactory progress". The requirements for grading in each of the components may vary, as they will be specified by the block chairs. Dr. Slavin thought that the doctoring-clinical skills component should have its’ own evaluation process. Dr. Stuber commented that to do something like this violates the whole idea of having to do away with separate discipline-based courses. Dr. Slavin would like to have a cumulative evaluation that addresses the progress of the student over the course over the year. Dr. Stuber mentioned that this will done.

Dr. Wilkerson asked if the following sentence was necessary: "Missing more than one session in a course may result in a failure for the course." Dr. Parker thought this was important to keep for policy sake. It makes the student liable.

She also noted that there are roughly 16-18 labs, conference, and clinical skills workshops in a course. Therefore missing more than one of these sessions would mean missing more than 10% of these sessions in a course. She suggested changing the percentage limit to a requirement that no more than two such sessions could be missed. It was also suggested that a statement be included stating that attendance will be recorded and that make up work will be specified by the course chairs for both (a) PBL/doctoring small groups and (b) labs, conferences and workshops.

There are approximately 20 PBL and doctoring small group sessions in each eight week course and students may miss no more than one. Dr. Slavin was concerned that a student might chose meet this standard by missing only doctoring sessions, so that they could "legitimately" lose up to 4 out of the 16 sessions over the year.

Evaluations by students should be completed within two weeks of the end of the course or they will receive an incomplete in the course. This may result in the student not being able to progress to the next year.

Dr. Parker felt that the criteria should be explicit for the Letters of Distinction. Dr. Tormey was opposed to listing the expected scores or percentages. Although each chair is allowed to determine the exact criteria, perhaps using scores and percentages as criteria should not be acceptable as a general policy.

Pat Anaya and Charlotte Myers thought that this document should be mailed to the students before they come on August 4th, especially for students who are still considering which schools to accept. This policy cannot be mailed out without the approval of the FEC. Therefore, it will have to be distributed on the first day on August 4th.
The second year class was polled about requiring attendance, and 80 students responded. 44 supported having required attendance and 36 did not. Their comments were compiled in a document for the members to see.

Dr. Wilkerson stated that not all of the blocks have agreed that they would not count the quiz scores in their blocks.

A final version of this policy will be circulated to the members of the MEC so they know what will be forwarded to the FEC. Dr. Slavin felt strongly that there should be some summative evaluation by the longitudinal doctoring faculty or LODs should be given for the doctoring-clinical skills experience.

Under this proposal, there will not be separate Letters of Distinction written for the doctoring-clinical skills component, but there will be a cumulative report from the doctoring faculty since they will be the only faculty that stay with the same students for the entire year.

**Dr. Tormey moved that the policy document be accepted with the modifications that have been suggested here by the MEC. Dr. Wilkerson seconded the motion.**

Jason Tarpley informed that he polled the first year class and received a fair number of responses. 70-80% of those who responded voted against mandatory attendance. Donna Zulman felt that there should be an opportunity for students to get Letters of Distinction in doctoring.

Dr. Tormey noted that approval of the policy by the MEC on this occasion does not mean that there cannot be opportunities for students to be recognized for their excellence in the doctoring experience. This can be discussed further by the HB&D chairs first before it is brought to the MEC in future meetings.

**The motion was approved with the following vote: 6 in favor, 1 opposed, 2 abstentions.**

**New Fourth Year Electives for MEC Approval**

The following electives were reviewed by the College Chairs Committee, which recommended their approved by the MEC.

- Geriatric Medicine - Home Care
- Radiology in Practice
- Literature in Medicine

The MEC approved them unanimously.

The meeting was adjourned shortly after 6:30.