Minutes: Meeting of May 14, 2003

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

Students: Mailan Cao, Dawn Ogawa, Amy Olin, Sirach Salassie, Jason Tarpley, and Donna Zulman.


Minutes / Announcement

The minutes were approved as written, after it was clarified and confirmed that Ophthalmology will continue to teach students how to use the ophthalmoscope in their curriculum.

It was announced that Ophthalmology has agreed to move forward with the proposal approved by the MEC and to report back to the MEC at the November or December meeting.

Dean's Letter Update

Dr. Parker gave a slide presentation on the new requirements for how Dean's Letters have to be written. Please see attached PowerPoint file.

Discussion:

Dr. Noah felt that there should be some explanation in the Dean’s Letter about why a student matriculated for more than four years in the "matriculation/graduation" section. Dr. Parker informed that this explanation has been written in the "unique characteristics" section of the letter in the past.

Dr. Slavin was cautious about shortening the narratives to clinical narratives. He felt that the information in the narratives could be more important for students in a pass/fail grading system like UCLA. Dr. Tillisch commented that some narratives are too lengthy and repetitive. He informed that one of the reasons for compressing the Dean’s Letters is for increased accessibility. It is also to have some standardization among the schools. Dr. Slavin stated that the summary statement is crucial, and the lack of consistency across the deans who write the letters is a problem. There needs to be consistency in language, and this needs to be addressed. He felt that as other schools are adopting a more "objective" format, UCLA will need to deal with the lack of objectivity and consistency in its letters.

Dr. Parker objected to comparing students by percentages. He suggested anchors rather than percentages to show how good a student is in a particular skill. There are mechanisms to do this now.
He would like to put together a committee that would decide what to do with the Dean’s Letter and report back to the MEC. The recommendations cannot be implemented for 2004, but they can be for 2005. This committee would include the following:

- Dean of Student Affairs at UCLA and at Drew
- One College Chair
- One Assistant Dean
- One Class of 2005 Officer
- One Class of 2005 MEC Representative
- One UCLA Graduate
- SAO Staff
- One Program Director

Dr. Slavin stated that although students are not being assigned a grade, they are being evaluated. Dr. Stuber commented that she is able to distinguish students who are fabulous and terrible but cannot distinguish those who are in between. It is putting this middle group at a disadvantage, and this is true even when grades have been given.

One student thought that students were very aware of the Letter of Distinction (LOD), while another thought that they did not think too much about the LOD. Dr. Tillisch commented that the program directors do not see LODs as a grade, and he felt that it should not be seen as a grade.

**There was a general consensus that this committee be formed.** Dr. Parker thought that a meeting could be schedule within the next two to three months with a report back to the MEC.

**Plans to Review CPX Results – Report from the Colleges**

The College Chairs Committee was charged by the MEC to come up with a plan for reviewing the CPX tapes and results with their students. The following are the plans for each of the colleges:

- **Applied Anatomy College:** The AAC will recommend to their students that they go over their tapes with their advisors. The students can opt out of that if they feel uncomfortable reviewing their tapes with their advisors; Dr. Berek and a couple of other faculty will review instead. The review will be done during the Foundations Week.
- **Medical Science College:** The MSC did not think that this review fit in well with their Foundations Week’s goals. They have nine students enrolled this year, so Dr. Schiller and one other faculty will review the tapes during one of the evening seminar sessions.
- **Acute Care College:** The ACC also thought that the review was not possible during the Foundations Week. Their plan is to have students return in the three to four weeks after Foundations to review the tapes with key faculty from the college. They will encourage group reviews.
• **Primary Care College**: The PCC will try and accomplish most of the reviews individually or in groups during the Foundations Week. All of the reviews will be done within a month of two after the Foundations Week.

• **Drew**: They will do it during their Foundations Week as they have done in the past.

When asked how this will be enforced, Drs. Parker and Slavin answered that the College Coordinators will have to track the review process and report to the Student Affairs Office. Dr. Parker will continue to review with students who are required to remediate.

**Match Results**

Dr. Parker gave a slide presentation. Please see his attached slides.

**Attendance Requirements**

This agenda item was brought up at the HB&D Block and Thread Chairs Committee meeting. At this meeting, they discussed what it would take to pass within the new curriculum. The issue is really with the attendance requirement in small group sessions and labs. Right now in the clerkships, students are expected to show up and are expected to make up the work that they miss. In the new curriculum, required content will be covered in the small groups.

The proposal is to make attendance mandatory. Dr. Slavin thought that they should look at the other courses as models.

- **Doctoring 2**: Students are allowed one absence per semester without making up work.
- **Doctoring 1**: If students miss more than two, they fail.
- **CABS**: Attendance at all sessions is expected. The course chair is informed when students start to miss sessions. Students are allowed to shift days if they have to.
- **Pathology small groups**: Attendance has been mandatory ever since Dr. Drake has been Chair, and it has not been an issue. A number of excused absences is not specified.
- **PPD small groups**: Absence is excessive; it is partly due to the quality of the small groups and part of it has nothing to do with quality. There isn’t a policy except for the Friday sessions.

Jason Tarpley thought that there might be more inclination to skip small group sessions in order to study independently in the new curriculum. Dr. Noah felt that the policy should be created and made more official. Dawn Ogawa suggested following the Doctoring model that requires attendance with two excused absences. Having a contact person who can keep track of student attendance would be helpful. Dr. Parker thought that students should attend these small group sessions not because the material taught in them will be tested but because it is the best way to learn the material. The MEC will need to vote on this issue and forward it to the FEC. Details should be discussed.
Dr. Drake felt that we should not have mandatory attendance. He did not believe that there was a strong underlying logic for making attendance obligatory to everything. If the essence of the small group teaching requires a certain number of students to be there, then it should be required. Or, if the experience itself is something that we have no way of otherwise testing, then there could be a requirement.

**It was agreed to have the HB&D Block and Thread Chairs Committee put together a specific proposal. The MEC will vote once they have reviewed the proposal.**

**CPX Scoring Criteria (Students were excused for this portion of the meeting.)**

Dr. Wilkerson asked the MEC to decide if a different strategy of scoring the CPX should be explored.

The way that the CPX is currently scored is completely normative. A student is considered to fail if he/she is two standard deviations below the rest of the class in one of the components. Using this scoring strategy, nine students out of 167 failed at least one component. 1 failed history taking, 2 failed physical exam, 5 failed in a combination of components. Nine is not a large number of failures. This made some wonder whether this normative standard was adequate or whether students should be expected to meet a minimum standard.

Duke has a scoring system where they go through a judgment process, looking at the specific cases and going through decisions about how comfortable they would be allowing students to pass and fail. They weigh all of the judgments (some are statistical) and come to a decision about what the passing and fail scores are.

Does the MEC like the normative decision making process or does it think that there should be a taskforce to try and come to some assessment of minimum performance? Dr. Tillisch favored developing a criterion map for each case. Dr. Wilkerson informed that they tried doing this for the geriatrics case. They gave the case to the Division of Geriatrics and asked them to identify the critical items. They came down to the critical actions. She thought that this could be done with each case with a series of experts and compare the data from last year to see how a student would fare under both systems. The motivation of finding a different scoring strategy is to catch a group of students that may get overlooked under the normative system. Dr. Parker felt that once students fail, they should be helped to remediate. The national exam uses a combination of methodologies to score their exam. Dr. Wilkerson was asked to go ahead and develop criteria.

The meeting was adjourned at 6:30 pm.