Minutes: Meeting of November 5, 2003

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

Students: John Abelson MSI, Mailan Cao MSIII, David Samimi MSI, Sirach Selassie MSII, and Jason Tarpley MSII.


Minutes of October Meeting

The minutes were approved as written.

Ophthalmology Clerkship Revisited - Dr. Marc Yoshizumi

The Ophthalmology faculty proposed several changes to the MEC to improve their rotation in July and received support from the committee members. Dr. Yoshizumi returned to provide an update. The changes have been in effect for the past five months, and informal reports have been good so far. Formal evaluation data have not been returned to Dr. Yoshizumi yet. A resolution for returning the evaluation data to Ophthalmology right away was worked out.

From personal interactions with students, Dr. Yoshizumi reported that students’ ophthalmoscopic skills have greatly improved. He now uses an attendance form because attendance had been a problem. Students must obtain faculty signatures for each station they are assigned to, and while this has been onerous for students, the forms have also revealed defects in the program. It is noted that Doctoring and the Longitudinal Preceptorship take students away from Ophthalmology a lot. Ophthalmology faculty are concerned about the amount of time lost.

At the recommendation of the MEC, the OR experience was completely eliminated, but now students are complaining about the lack of an OR experience. Dr. Yoshizumi felt that the OR provides a valuable experience and has encouraged students to find time in their schedules to observe in the OR, but it has not been reinstituted in the program.

They are considering sending students to see patients with clinical faculty members in the community, providing a much different perspective than being in a medical center. Clinical faculty have expressed interest in teaching medical students.

Following the recommendations of the MEC, the experience has been consolidated so that students spend more of their time at the VA and at Harbor. The revisions have created a more cohesive program. Dr. Yoshizumi expressed hope that the changes made
thus far will garner better reports in this next quarter. The MEC had also recommended that the course objectives be trimmed to 12; however, with great care, the list was reduced to 15. Dr. Yoshizumi submitted the new list of objectives in time for dissemination to members prior to this meeting, but they are only now being attached to these minutes for committee members’ review. (See attachment)

Dr. Tillisch recalled that the problem with the OR experience was that it was used as a default activity in lieu of more organized instruction, and that the intention was not to exclude students from the OR experience altogether but to make it part of the curriculum. If done correctly, it should be a very valuable experience; Dr. Yoshizumi agreed that this needs to be addressed.

Dr. Yoshizumi personally meets with each of the students to review their progress; this is the linchpin that holds the course together. Based on these encounters, he believes that the objectives are being met. The take-home written exam is given to students on Monday. Students have more accountability in the course now than they did before.

Dr. Yoshizumi was thanked for his efforts and for providing an update on the course.

**Detailed Report from Foundations of Medicine Block - Drs. Drake, Krasne and Baillie**

The following topics were in the course:

- Genetics
- Cell and molecular biology
- Cell physiology
- Histology (focused on the skin.)
- Embryology and development
- Surface anatomy
- Neoplasia
- Blood and hematopoiesis
- Inflammation
- Immunology
- Pharmacology (very brief introduction)
- Doctoring (including physical exam)
- Clinical reasoning

Most weeks in this block had about 22 hours of contact time, which included two hours twice a week for PBL, a one-hour wrap up, 10 hours of lectures (2 hours/day), Doctoring/Clinical Skills three hours, and Histopathology two hours a week some weeks, plus a variety of labs and small group activities.

Dr. Drake roughly calculated how much faculty time was required. The 18 PBL groups require 72 faculty hours, plus 8 hours for wrap up. Doctoring requires a minimum of 108
contact hours per week. Histopathology required 15 contact hours per week. The times for labs and small groups varies widely.

Dr. Drake then reviewed the administrative support that was needed to run the block, e.g., setting up labs and lectures, etc. but does not include staff for preparatory work and development of education materials. A primary staff person with one staff assisting were necessary as well as a PBL component assistant, and two Doctoring staff; and the anatomy lab staff. IDTU staff supported the online course delivery system, ANGEL.

The ANGEL course management site was much appreciated by students. Virtually all course materials were available on ANGEL with very few glitches, including schedules, course materials, announcements, emails to the class, on-line exams, student web board, etc. This was an important asset to the course. Dr. Drake encouraged each block to have at least one chair be very familiar with ANGEL.

PBL had 18 groups of 8 students each with a faculty tutor, and they studied one case per week, meeting two times per week over seven weeks. Videos were used to introduce or supplement cases. Essential learning issues were defined for each case. A journal article was introduced to students each week, much like a journal club. Dr. Krasne commented that the students seemed to enjoy learning how to read articles. A lot effort went into preparing background materials and tutor notes. Drs. Drake and Krasne provided faculty development for tutors each week. Tutors commented that they spent at least 2-3 hours in preparation for their groups. They also graded assessments and read learning issues.

Histopathology ran from week three through the last week and combined histology and pathology.

The clinical reasoning thread focused on evidence-based medicine, clinical trials, etc. The overall goal was to provide a broad picture of medicine, including how physicians think, how they address problems, and how they progress to larger issues and questions such as: What is epidemiology? What is evidence-based medicine? What are some insurance issues? etc. Clinical reasoning covered health care delivery issues, evidence-based medicine, study design, and statistics through the journal club articles, and integrated into the curriculum.

The weekly assessments were "quizzes" prepared every week by Dr. Drake and/or Dr. Krasne and posted on ANGEL on Friday afternoon. Students were required to complete the exercise by Monday morning. The goal was to help students gauge their progress; they did not want students to fall behind. ANGEL compiles all of the scores and provides a spreadsheet with the information. Drs. Drake and Krasne reviewed the results each week and addressed any problems. After week 3, about 20 students had scored less than 70%. By the end of the course, there were only about ten students they were concerned about. The chairs contacted students in this category by the fourth week for counseling.

The first part of the weekly assessment was closed book and timed (40 minutes). The second part was an untimed multiple-choice plus short answer question format which
students had to complete by the following Monday. Students were told that the question format would be the same for the final examination. It was a lot of work to write 30-40 questions each week, but the chairs were able to do it themselves as they attended all lectures. Dr. Drake felt that the weekly assessments played a major role in achieving a very good pass rate for the block.

Drs. Drake and Krasne felt attendance ranged between 70-90%. Students thought it was closer to 90%. Dr. Drake commented that attendance was better than what he has experienced with second year students. Only a couple of students were contacted about attendance issues.

For the final examination, students had to complete a patient interview (about 15-20 minutes), a closed book, computer based exam of 80 questions, and an open book, open notes exam. This was done in the IMF with one-third of the class rotating for three-hour periods. The open book exam was available to students on Tuesday morning at 6am and had to be submitted electronically by 5 pm on Thursday of the same week (most students turned it in on Thursday). The final score was the combination of scores, equally weighted. To pass, the students had to pass the final (which was the combination). About 8-10 students fell below the preset mark of 70% on the closed book exam alone; but combined with the computer based exam score, only one student fell below the 70% passing rate. Students also had to receive a "pass" from the PBL and Doctoring instructors. The average score for the combined exam was 82-84%. Dr. Drake commented that this is comparable to the average scores on General Pathology exams.

Dr. Drake estimated that ten students would receive Letters of Distinction. About 20 students were nominated and then their final exams scores were reviewed. The top 20% of exam scores were used; there was no recommended level for determining Letters of distinction.

Dr. Susan Baillie reviewed student evaluations of Block 1. The evaluation was done in two parts. At four weeks, the lecturers who lectured only in the first four weeks and each of the course components were evaluated. This was the first time that 100% compliance was achieved for both the mid- and end-of-course evaluations. The course overall rating was 4.0 on a 5-point scale. According to MEC criteria, this course would receive recognition for high performance from the MEC (A letter of commendation to the course chair from the MEC is accorded for courses earning a score of 4.0 or higher).

This time was the first time that the question, "Were the course objectives were met?" was included on the evaluation; it received a rating of 4.10, which is outstanding. Students felt that the course was well organized and that the course chairs were very responsive. There were lots of comments about their interactions with the course chairs. The students also felt that the course enhanced their interest in the subject matter. The majority of the students felt that the course was very effective overall. A comparison showed that Block 1 did as well as their predecessor courses. Dr. Baillie congratulated everyone who worked on the course, as it was well received by the students.
There were also evaluations of the components of the course. This year’s evaluations of Doctoring were the highest scores the course has received. Student comments indicate that the integrative nature of the Doctoring course was very positively received (3.94). The physical examination component (2.72) and the wrap up cases (2.29) did not do very well, but the preceptor visits received high scores (4.16). Having been aware of this, the Block 2 chairs have already made changes in their curriculum from these results. Students appreciated ANGEL and found it very helpful in organizing their schedule and course materials, as well as the weekly quizzes which they found very valuable in tracking how well they were doing in acquiring information.

Dr. Drake discussed some pre- and post-implementation questions that were concerns raised at the start of the implementation process.

- Could the content be successfully integrated to the students’ and faculty’s satisfaction?  
  Yes!
- Would some students have particular difficulty with the format or content?  
  No! Students did well on the weekly assessments and on the exam.
- Did pass rates change?  
  Dr. Drake’s impression was that it got better.
- Would the intellectual rigor of the curriculum be weakened?  
  No! A lot of the questions from the past years’ exams were imbedded in the new exam because the material was similar. Dr. Drake did not hesitate to say that the curriculum was not weaker.
- Is the required faculty time commitment reasonable?  
  They did not receive negative feedback from their colleagues. Some faculty teaching in the PBL sessions were not those who were overloaded with other teaching, but many were looking for an appropriate place to teach that did not exist in the old curriculum. The PBL faculty did comment to the block chairs that it was more time than expected, but that they would volunteer to teach again.

In conclusion, the Foundations of Medicine Block was well received with no apparent subgroup of dissatisfied students or faculty. The basic course elements and structure performed well; some components need modifying for next year. As the other Blocks roll out, we will see how well students were prepared and whether some content shift may be needed.

**Student Feedback on Foundations of Block and Beyond - David Samimi & John Abelson**

The overall sentiment was that everyone enjoyed the new curriculum, the integration, and early clinical skills. David Samimi reported that he was not able to find a single person in his class who preferred the old curriculum!

In order to achieve maximum student feedback, David and John have hosted Town Hall meetings for their class. At the last Town Hall meeting, about 50 students attended and
included a structured discussion about what was working and what was not. They also received comments from peers personally and via email. They are looking into the possibility of polling their peers on certain issues. They are trying to work as much with the block and thread chairs in order to continuously improve the curriculum.

Students felt that the course chairs were very receptive and responsive, making changes and fine-tuning the curriculum when warranted. They also felt that the self-assessments were very helpful, providing a compass on where they are going, and did not want these to disappear from the curriculum in the future.

One of the major issues with PBL was that there wasn’t a clear expectation for students at the outset of how much to produce and how much time to spend on the learning issues. Students tried to do too much and tried to self determine how much time to spend on these. Half to 2/3 of the class spent more than two hours on their learning issues. Also, not all of the essential issues were covered and some additional peripheral issues were covered more in depth. Students want to know the expectations.

Students are generally happy about the histology labs and are really happy with Dr. Metten’s responsiveness. There was a lot of histology presented at the beginning, which overwhelmed students. They wanted more normal to be covered at the beginning. In the lab session small groups, the individual faculty leaders either did not know the objectives or chose to cover other objectives. Also, the end of lab quiz was rushed.

Students appreciate clear lecture outlines, and some lecture notes were not helpful. Students obtained some lecture notes for a particular lecturer from a second year class last year that were more detailed, and wished that the lecture notes were at this level of detail. They were told clearly, however, that the level of depth expected in the new curriculum is different from that of the old curriculum and that the approach to learning should be different.

Students felt that the Friday wrap-up session was inconsistent and not very relevant. However, in Block 2, the presentations are more relevant and the time has changed from 1pm to 11am. Lecture outlines available on line in Block 2 have been great. They also appreciate the increased number of MDs lecturing in Block 2.

It is very important to students to understanding the depth of learning expected. Objectives need to be very clear, which is not always the case. For the anatomy lectures, they suggest a one page vocabulary list. All of the students love the assessments, as it is one way to address the depth issue.

Proposed changes are as follows:

- PBL
  - emphasis on defining student expectations for learning issues
  - emphasis on directing discussion of "key" learning issues
David and John were thanked for their presentation and feedback on the new curriculum.

Dr. Alan Robinson congratulated the MEC. He recalled the struggle to implement the weekly assessments and he was impressed what a great idea it was to have these. He also expressed great appreciation to the Block Chairs for their tremendous effort. Dr. Wilkerson agreed and thanked them as well.

**Drew Surgery Clerkship Update - Dr. Rajagopalan**

Dr. Shobita Rajagopalan distributed a revised description of the Drew Surgery Clerkship and highlighted recent changes. The course objectives and overall content are equivalent to those of the UCLA Surgery Clerkship. The Drew Clerkship utilizes the NBME Shelf examination while the UCLA clerkship uses an in house examination for the final grading.

Drew is experiencing a challenge with the reaccreditation of their Surgery residency program. The ACGME has said that the residency program will terminate as of June 2004. This will affect students rotating on the Surgery Clerkship, and Drew needs find a resolution for the current third year class for the remaining six months as well as for the new third year class in the coming year.

Dr. Wilkerson added that student evaluations from last year indicated that the clerkship needed attention. Just as the MEC focused on the UCLA Ophthalmology rotation, the EPCC at Drew is focusing its attention on their Surgery Clerkship. Surgery has been asked to report on changes to be made in order to address the identified problems and to address students’ concerns about the residents' schedules, etc.

Dr. Rajagopalan reported that she has spoken to the Surgery Department Chair. Regarding the current third year students, he will try to maintain the rotation the same, although there may not be continuity with the residents. Students will rotate with all the teams and when on call, will participate with the assigned team. Dr. Rajagopalan commented that students have an attending assigned for both trauma and non-trauma services, so there is one attending who will observe and supervise the student (s) and from whom students can obtain their evaluations. Although students will not have continuity with the residents, they will have continuity with their patients and the attending. It will be problematic if there is a break in continuity with their attendings. The discussion regarding the above and the incoming third year class in July 2004 will be forthcoming.
Drew reviewed the Surgery clerkship at its last EPCC meeting, and the Department must develop a plan for conducting the six weeks of general surgery without residents and make a proposal to the Drew EPCC and then to the MEC at UCLA. Dr. Miller stated that Drew would do whatever necessary to ensure that the core educational functions are preserved and that the quality of the students’ educational experienced does not suffer. Dr. Wilkerson reported that the EPCC has been pressing the Clerkship Director for action on this matter, and the MEC has pressed the EPCC to ensure that the problems with this clerkship are addressed.

Dr. Rajagopalan reminded the committee that Drew’s Surgery Clerkship uses the NBME shelf exam, but UCLA administers an in-house exam. Half of the class has already taken the shelf exam, and a question was raised whether or not the exam should be changed midstream or change it after this year. Dr. Parker recommended, there needs to be one common method of evaluating students, and that Drew should not wait until the end of the year, but change now.

Dr. Miller agreed but felt that the Surgery program at Drew needs to have this discussion first. Dr. Parker recommended that a final decision be made quickly. Dr. Tillisch agreed that it is a good idea to have the same exam at UCLA and at Drew, but felt that it was inappropriate to change the exam in the middle of the year.

This matter will be discussed again at the December EPCC meeting and reported on to the MEC at its January meeting. This will allow time for consideration by the Drew and UCLA Surgery Clerkships. Dr. Drake suggested continual assessments of the clerkship in light of the changing situation. Changes may need to be made earlier, so mechanisms for assessment are valuable. A Drew student shared that her peers are concerned and appreciated the idea of having assessment mechanisms run continuously.

The meeting was adjourned at 6:35 pm.