Minutes: Meeting of October 8, 2003

Present:
Drs. Craig Byus, Thomas Drake, Ronald Edelstein, Mark Noah, Dotun Ogunyemi, Neil Parker, Michael Sofroniew, Margaret Stuber (Co-Chair), John Tormey (Co-Chair) and LuAnn Wilkerson, and Janice Contini.

Students: John Abelson MSI, David Samimi MSI, and Leslie Hamilton MSIV


Introductions

Dr. Marcelle Willock, Dean of College of Medicine at Charles R. Drew University of Medicine and Science, was introduced to the Committee members. Dr. Willock was previously Provost and Chair of Anesthesiology at Boston University School of Medicine.

Dr. Willock thanked the MEC for the opportunity to share information about current activities at Drew. She initially focused on the residency programs during her first year as Dean and is now focusing primarily on medical school programs. She noted that rankings at Drew have increased by threefold in NIH funding from the year before, and they have received new grant funding in the last two months. Dr. Willock’s goals are to have all of the residency programs accredited, to improve all of the clinical rotations for the medical school, and to continue increasing in research efforts by next year.

The two new student representatives for the first year class, John Abelson and David Samimi, introduced themselves to the members. Since they were new to the committee, all of the members introduced themselves as well.

Reaccreditation of Medical School by LCME

Dr. Robinson reported that the next Liaison Committee on Medical Education (LCME) reaccreditation visit take place in January, 2005. The LCME provides rigid requirements schools to meet during the preceding 18 months of self-study. There are specific responsibilities for faculty, the administration, and for students. Dr. Robinson expressed praise for reaccreditation efforts in the past as well as the hope that the next site visit will be equally as successful.

Joyce Fried presented information about the reaccreditation process and LCME requirements. The AAMC and the AMA form the LCME and approve the accreditation standards by which the schools are judged; but they empower the LCME to make the decision on accreditation.

The accreditation process seeks to answer four questions:

1. Has the institution clearly established its educational objectives?
2. Are the institutions, programs, and resources organized to meet these objectives?
3. Is the institution achieving its objectives?
4. What is the evidence?

There is a major focus on evidence and outcomes. There are four components to the accreditation process, which is very labor intensive and time-consuming. The components are: data gathering, self study report, student input, and site visit.

The database, the report, and the agenda for the site visit are organized around the "Standard" (copies were distributed to MEC members). For the database, the school needs to answer specific questions around the Standard. In the past, these questions have been more quantitative, but now are more analytical requiring narrative responses. The Dean’s Office will answer the database questions and distribute the responses to committees for assessment. The Dean’s Office will need to update the database next year since the focal period will be the last academic year before the site visit, July 1, 2003 to June 30, 2004.

**Self-Study Report**: The purpose is to collect and review data about the medical school and its educational programs in order to identify institutional strengths and problems requiring action, based on the Standard. Also to define strategies to ensure that the strengths are maintained and any problems are addressed. The LCME would like for institutions to use this process for additional purposes such as self-assessment, strategic planning, and curriculum planning to use the data for internal improvement.

The final product of the self-study will be communicated in a 35-page report. The Dean’s Office will develop a committee structure based on the outline in the Standard. A taskforce will be appointed to oversee the entire process. The database will be completed and distributed to the committees. The committees will meet, review the data, conduct an assessment, and write reports taskforce. The taskforce will synthesize the reports into a list of strengths and potential issues and weaknesses; the Dean’s Office will create the final report from this.

**Students**: Student participation is very important. The LCME constructed the system to elicit as much student feedback as possible. Students will be appointed to serve on the taskforce and on all committees except the committee that evaluates faculty. Drew and Riverside students will be involved as well.

Students are required by the LCME to conduct their own student review, which will be submitted with the database and the self-study report. The Dean’s Office will provide the necessary support to get the student report done, but will not participate in its development. Students will also have their own meeting with the site visitors. Graduation questionnaire data will be incorporated in the material submitted to the LCME; this is a new aspect.

The site visit will take place January 23-26, 2005. The Dean’s Office wants the self-assessment process to be very inclusive. Dr. Robinson and Joyce Fried will be presenting this informational report to various groups in the school.
The LCME survey team will be looking at the following information.

- Institutional setting: overview of medical school, governance, administration, academic environment
- Curriculum: educational programs for the degree, educational objectives, actual curriculum – structure, teaching and evaluation, management of curriculum, evaluation of program effectiveness
- Medical student: admissions, student services, learning environment
- Faculty: numbers and qualification of faculty, function, support, personnel policy, governance structure
- Educational resources: financial reporting, general facilities, clinical teaching facilities, information resources, library services

The following problem areas need to be addressed before the self-study is completed.

1. Institutional planning: The Standard suggests that every school should have a strategic plan. It states that we must engage in a planning process with measurable outcomes, but the School has not conducted a classic strategic plan for some time. Alternatively, there are many planning processes in effect for the new curriculum, educational competencies for the medical students, a vivarium plan, a research plan, an IT plan, etc. It will be Dr. Robinson and Joyce’s responsibility to bring these various plans into a single report to show that although there is not a strategic plan, there has been a great deal of strategic planning.

2. Comparable educational experiences and equivalent methods of evaluation across all alternative instruction sites in any given discipline is required. The problems are that the Drew and Riverside programs are geographically distinct. There are some differences in small group instruction. Dr. Byus stated that Dr. Wilkerson has been involved in this process for a year and has educated the Riverside clinical faculty in PBL.

3. Medical school policies and practices must ensure gender, racial, cultural, and economic diversity: Race has never been an overriding consideration in our admissions policies; the total individual has always been considered. The school has always maintained diversity.

4. Each medical school must define the teacher-learner relationship and develop written policy addressing violations: This is about power abuse, professionalism, etc. Students perceive that there is mistreatment at various levels and indicate this on the graduation questionnaire. The LCME will listen to students about this and the School needs to address. Joyce has been very active in this area and has done numerous presentations to faculty and students here and at other sites. The school is working toward an abuse free environment and educating our students and faculty.

The part that is missing is that the school does not have a written policy of standards and the mechanisms to address violations. There are informal
mechanisms, but no policy stating a formal procedure. A committee had drafted such a policy two years ago, and it is now being finalized and submitted for approval and distribution. The school will then be in compliance with the LCME.

Dr. Robinson commented that the school has educational objectives, and the LCME will be looking at whether these medical education objectives are measurable and are being met. Dr. Wilkerson and ED&R are locating all of the measurable outcomes and identifying which objectives they assess.

The role of the LCME has changed from the past. They will no longer make a long list of suggestions to make the institutions better. They assess whether the institution is in compliance with the Standard. Unless an institution is not in compliance, they will not provide recommendations. Once the survey team completes its report to the LCME, a letter will be sent to the Chancellor around June of 2005 on the outcome.

**Questions and Discussion:**
Dr. Robinson commented that the process is not dramatically different from that of seven years ago, and the Standards are not substantially different. Joyce stated that the LCME may add a few new standards each time, but the basics are much the same. However, self-study process is different, requiring more opinion and analysis and not just numbers.

The self-study process will be valuable to the institution. It is a good time for the school to look at all of the programs that have been instituted. Dr. Wilkerson stated that Dr. Guiton has already begun to look at where in the curriculum we are measuring each of the competencies. She has already identified a few that are not yet being measured.

Dr. Noah questioned whether uniform admissions criteria are required for all three programs.
Dr. Robinson responded that a baseline admission policy is needed for all; however, programs with an additional mission are allowed as long as they meet the general mission and requirements.

Dr. Wilkerson asked about curricular governance and the relationship between the curriculum committees at Drew, Riverside and UCLA and whether there needs to be better communication. For example, items voted on at Drew EPCC meetings are not reported to the UCLA MEC. It is important to review how the Drew EPCC, the Riverside EPC and the UCLA MEC can communicate better.

Meeting minutes are distributed to certain members of each of the institutions, however, the MEC minutes should be approved by the FEC and that is not happening. Reports from Drew and Riverside curriculum committees should be regular agenda items for the MEC, and should be reported to the FEC. Drew EPCC hears a report on the UCLA MEC every month. Dr. Parker suggested posting the minutes from Drew and Riverside on the MEC website for the faculty to review. Dr. Parker also recommended that the student body and the faculty need to receive more communication from the MEC meetings.
Minutes

Dr. Tormey reported that there have been changes made to the minutes. Dr. Parker edited his presentation portion (first agenda item) to make the wording clearer. No other changes were made. Dr. Wilkerson asked that the minutes be sent to Riverside because the report on the MSPE is of particular interest to UCR students. The revised minutes were distributed for review, and the minutes were approved as revised.

Medical School Graduation Competencies in Light of New GME Requirements, Part II

Last time, the committee raised a question about what should be done to modify the graduation competencies. The mission statement was written in 1992; the eight items in it were then expanded to develop the graduation competencies document. It was proposed that the graduation competencies be reorganized to complement the ACGME’s six core competencies because there is encouragement from the AAMC to make undergraduate and graduate medical education a continuum. This will not replace the mission statement.

Dr. Wilkerson distributed a list of graduation competencies that were organized according to the ACGME core competencies at the last MEC meeting. The members were asked to provide feedback and after receiving them and changes were made accordingly.

Dr. Parker supported the reorganization to complement the ACGME competencies, and recommended that the Clerkship Chairs Committee and the College Chairs Committee should review the document and provide feedback as well. Dr. Wilkerson agreed, but first requested MEC approval of the concept.

There was some confusion about the definition of competency. Dr. Wilkerson explained that there are two definitions: (1) Representing a level of attainment (being competent), and (2) a statement that combines knowledge, skills, and attitudes to describe a domain. The second definition of the word applies in this discussion. What are the knowledge, skills, and attitudes we expect students to demonstrate?

Dr. Drake suggested the definition of each competency pop up when the item or word is clicked on. He also suggested that the MEC not deal with wordsmithing at this point, but agree on the reorganization. Dr. Tormey thought that this way of organizing the competencies is a good start and a better way might be found after further exploration.

Once the MEC gives permission to organize the competencies in this format, the list will be distributed to different groups for feedback. Dr. Wilkerson will ask Drew and Riverside curriculum committees to review them as well.

Dr. Drake moved to accept the restructured version of the graduation competencies to match those of the ACGME’s initiative process and updating it to current educational practices across all sites. The motion was seconded and approved unanimously.
Revised Faculty and Course Evaluation

The new evaluation questions were distributed to the members for review. Dr. Baillie reported that the school has a secure and anonymous computer based evaluation system in which students have the opportunity to evaluate courses and faculty online. A dual database system makes it completely anonymous.

Dr. Baillie worked with the MEC Executive Committee and the new Block 1 Course Chairs in developing the new curriculum evaluation questions for Block 1. Some questions remain the same as previous years. They eliminated duplicative questions. The question, "Were the course objectives met?" was added for the first time. Specific feedback is needed from students on all the elements of the new curriculum.

Only instructors who lecture for three or more hours are evaluated on several aspects. "Contributing lecturers" who presented under three hours, get one overall question on the effectiveness of the lecturer.

When only one or two students are evaluating a course (in a fourth year elective, for example), the evaluation data is given to the instructor after the student(s) have graduated or when the evaluation office has accumulated data over several rotations. Students appreciate the careful anonymity. One student commented that some of her peers were concerned about evaluating preceptors due to confidentiality issues. Dr. Baillie reported that evaluations from externs would now also be available to faculty members.

Dr. Parker commented that there are professionalism issues in completing the evaluations. He wanted to discuss what constitutes a "reasonable" amount of time for students to complete their evaluations. Leslie Hamilton suggested two weeks. Dr. Parker asked that this issue be brought back for further discussion.

Dr. Baillie asked members to review the new Clerkship Evaluation questions. Some structural changes were made and a question about the PDA was added. She has told students that the evaluations are very important and their comments are highly valuable. Ms. Hamilton thought that this should be communicated more clearly to students and felt that it would empower them.

The meeting adjourned at 6:35 pm.