**Minutes: Meeting of September 10, 2003**

**Present:**
Drs. Craig Byus, Thomas Drake, Ronald Edelstein, Theodore Hall, Mark Noah, Neil Parker, Stuart Slavin, Michael Sofroniew, Margaret Stuber (Co-Chair), John Tormey (Co-Chair), and LuAnn Wilkerson.

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

**Guests:** Drs. Cha-Chi Fung and Gretchen Guiton and Louise Howard and Gezelle Miller.

**Medical Student Performance Evaluation (MSPE) Dr. Parker**

At the May MEC meeting, the committee discussed the changes to the Dean’s Letters as recommended by a Dean's Letter Taskforce of the Association of American Medical Colleges (AAMC). The recommended move to a MSPE (Medical Student Performance Evaluation) was influenced by program directors who thought that too much variation in Dean’s Letters made them less useful than they might be in assessing the students.

Please refer to the attached slides for presentation details.

The MSPE will include a unique characteristic section, a brief summary of years one and two; continued summary of the clinical clerkships in chronological order and a final summary. The AAMC recommended guidelines on the MSPE include a set of appendices to provide a graphically student grades and comparative performance by percentages for their students for basic science and clinical clerkships as well as overall ratings. UCLA as a Pass/Fail school can not include this information. There was a recommendation as to rating students' Professional Attributes, but schools do not have adequate instruments to measure and calculate this. There are many schools that rank their students, which makes it easy to screen the students without reading the very rich commentaries and evaluations.

**Discussion:**

Dr. Parker mentioned that on the model MSPE there was a place to indicate if any "adverse actions had been taken by the school". Dr. Drake asked for some examples of these types of actions. Dr. Parker stated that this might include students have been put on probation, have been suspended, required to take a year off, or have received Physicianship forms.

There is also on the MSPE a question whether the student has taken any leave or had an extension of the normal period of study. As an example, the School has four types of "leaves": administrative leave, medical leave, personal leave, and research leave. If a student takes a personal leave, he/she can reenter the curriculum when desired. From a medical leave, the student is required to have a physician’s statement indicating he/she can return. The four categories have well-defined criteria.
Dr. Parker stated clearly that no grades other than "pass" or "fail" could be given in a pass/fail grading system. UCLA will note that programs directors can obtain an assessment of a student’s academic abilities by reading the commentaries.

Dr. Slavin commented that the choice of words used in the summary is going to be very important. Other schools have a stricter hierarchy of verbiage than UCLA and are more standardized to help distinguish students. For instance, some schools share the information that a certain percentage of students fall in the "outstanding" category and another percentage in the "excellent" category. Some other schools share the categories of descriptors but not the actual breakdown of percentages. He thought there should be more consistent use of descriptors.

Dr. Parker stated that this issue was discussed with the Assistant Deans and College Chairs, and they decided that they would not use such a hierarchy. He noted that unless all schools used the same descriptors, one could not distinguish one student over the other from across schools. He is unwilling to reduce our students to one word at the end of the summary.

Dr. Slavin suggested a meeting with some program directors to discuss this issue with Dr. Parker and others. Dr. Tormey ended the discussion due to time constraints.

**Minutes**

There are some grammatical errors that need to be changed in the minutes. The minutes mentioned that if the committee wanted more detailed information about the end of the year survey to contact Dr. Gretchen Guiton. It should be corrected to say that the committee should contact Dr. Susan Baillie.

The minutes were approved as corrected.

**Drew Update Dr. Edelstein**

Dr. Edelstein reported that the medical education program at Charles Drew has never been stronger. It is the best that it has ever been based on the quality of the faculty, the quality of the students, students’ performance, Match results for students, evaluations of the students, and the medical student research. At the same time, Charles Drew University is aligned with Martin Luther King - Drew Medical Center, a major county hospital, which has been going through challenges lately, as have all hospitals in the public health system. Drew is responsible for the 19 residency programs at Martin Luther King Hospital. Some of those programs were cited for various issues about a year ago; many of these programs have had the program citations removed and have improved. Programs in Radiology and Surgery were cited for problems that Dean Willock has been working on resolving, and making the appropriate responses to the ACGME. Dr. Willock has pledged that all of the programs will be without citation come this time next year, and they are already making progress.
They recently had an ACGME institutional site visit, and it went very well. The programs are actually better than they were a year ago, and the new Dean is excellent and is fighting for these improvements. She acknowledges that there are problems, but is confident that these will be fixed. She has met with all of the students to address their concerns, and students have shown that they have confidence in Drew’s leadership. Drew will be around for a long time and will be better than ever. Dr. Edelstein suggested formally introducing Dr. Willock to the MEC in the future.

**Introduction**

Dr. Wilkerson introduced Dr. Cha-Chi Fung, who will be taking over Dr. Crook’s former responsibility in assisting Family Medicine. She earned her Ph.D. in education and has worked at USC. She will be spending half of her time with Family Medicine, evaluating their residency program and medical education programs; the other half time will be in ED&R.

**UCLA Graduation Competencies Dr. Wilkerson**

The LCME accreditation site visit will take place in 2005. From July of 2003 to July of 2004, the school is involved an institutional self-study to prepare. MEC members may soon be invited to serve on one of the many self-study committees. The School will be looking at a lot of data over the course of the year, and making our own recommendations about the standards that must be met and how they are being met.

One of the standards is that there must be a set of objectives that defines our educational program. Prior to our last reaccreditation, the School did not have graduation objectives. To remedy that, the seven items of our Educational Mission Statement were "exploded" into competencies which were then placed into categories. Although copies of the resulting graduation objectives are posted in ANGEL and the School website, many people still do not know that they exist. One of the goals this year is to continue to use this document in meaningful ways. Toward that end, Drs. Wilkerson and Guiton reviewed the objectives carefully and based on their findings requested that the MEC consider changing in the document.

Drs. Wilkerson and Guiton reorganized these competencies around the six core GME competencies, which are:

1. Patient care
2. Medical knowledge
3. Practice-based learning and improvement
4. Interpersonal and communication skills
5. Professionalism
6. System-based practice

*See attached draft.* Dr. Wilkerson requested that the members of this committee review these competencies to make recommendations on how they might be better categorized or
edited. Demonstrating that the School of Medicine curriculum is a continuum through Graduate Medical Education may put us in a better position for preparing students for residency.

There are four competencies in particular that Drs. Wilkerson and Guiton would like the MEC to reconsider. See attached slides for details.

Once the list of competencies is agreed upon, it is important to show where in the curriculum these items are being assessed. The difficulty this year that we have one year of new curriculum and three years of current curriculum, and data will have to be drawn from both.

Dr. Wilkerson provided examples of where some of these competencies were being assessed in the curriculum. She also reviewed some poorly documented competencies. See attached slides. She asked for help from members in identifying where in the curriculum these competencies are being addressed and assessed.

Of the poorly documented competencies, Dr. Stuber commented that last year "System-based practice: know the structure and function of healthcare delivery and insurance system currently used in the U.S." was directly addressed in Doctoring and was assessed in the course examination. Dr. Noah mentioned that this competency is included in the new geriatric discharge planning case where students are tested on the matter of who pays for the majority of healthcare for nursing home patients. It is being documented in the curriculum.

Another poorly documented competency is the skill of applying cost effectiveness analysis to specific incidences of diagnosis and treatment of disease for health promotion. This is being evaluated in the clerkships. Dr. Stuber thought that this could be assessed as part of the Clinical Reasoning Thread in the new curriculum. In the Graduation Questionnaire, students frequently comment that they would like more instruction on cost-effective medical practice.

Dr. Wilkerson assigned homework to the MEC members: to read and provide feedback and edits on the graduation competencies as soon as possible (the document will be emailed to members) with the intent to provide a document that the committee can discuss and vote on by the October meeting. Dr. Parker thought that this topic should be on the agenda for the Clerkship Chairs and HB&D Chairs meetings. Dr. Wilkerson agreed that their feedback would be useful, but that it is the responsibility of the MEC to create a working document.

Dr. Robinson and Joyce Fried will be invited to the next meeting to report on the LCME site visit.

**Fetal Alcohol Syndrome Dr. Stuber**

See attached slides for presentation details.
**Discussion**

Dr. Stuber requested input from MEC members about the feasibility of implementing the proposal at UCLA. They propose to develop curricular elements for use at UCLA if deemed appropriate, that could also be used in residency programs, continuing education, etc. Dr. Wilkerson recommended that this proposal also be presented to the Clerkship Chairs.

Comments included that this information should be disseminated to other groups and that the media would help raise awareness of the issues. Dr. Stuber commented that if informed of the dangers of drinking while pregnant, most women would stop; but too many women are not getting this information. Although the information is posted in bars, it has not been very effective. It is most effective for a healthcare provider to inform patients that they should not be consuming alcohol. Physicians should stop telling their patients that it is "ok to drink a little bit", because there is no evidence that this is true; physicians need to be educated in this area.

Dr. Drake recommended that more attention to prevention be addressed in the new curriculum. He suggested creating modules that could be used across sections within the institution and better utilization of resources. He also suggested that Dr. Carl Stevens be included in the endeavor.

The meeting adjourned at 6:35 pm.