Minutes: Meeting of August 11, 2004

Present:
Drs. Craig Byus, Joshua Chodosh, Thomas Drake, Ronald Edelstein, Theodore Hall, Joan Kaplowitz, Sally Krasne, Shelley Metten, Dotun Ogungyemi, Neil Parker, Susan Stangl, Randolph Steadman, Margaret Stuber (Co-Chair), Jan Tillisch, John Tormey (Co-Chair) and LuAnn Wilkerson

Students: Aron Bruhn MS I, Megan Morsheimer MS III and Donna Zulman MS IV

Guests and Staff: Drs. Sue Baillie, Gretchen Guiton and Marcelle Willock. Pat Anaya, Joyce Fried, Louise Howard, and Christina Yoon.

Introductions

Introductions were made, as there have been the many membership changes for the new academic year.

Minutes of July Meeting

The minutes were approved as written.

LCME

Joyce Fried informed the committee that the LCME Task Force would meet Friday. The Dean’s Office is drafting a self-study report for review by the MEC in the next two to four weeks.

Radiology Clerkship Issues - Dr. Theodore Hall

Presentation

The points raised by Dr. Hall's lengthy presentation included the following:

- The old stand-alone Radiology Clerkship lasted two weeks and was taken by students across the third and fourth year continuum. It consisted mostly of lectures with little reading room experience.
- The current longitudinal Clerkship is embedded in the third year curriculum where it is distributed "as needed" across the other clerkships. It consists of 23.5 contact hours in lecture format. In addition, there are four hours of radiology instruction in Clinical Foundations; the format is medium size group case-based presentations. There is little or no built in reading room experience.
- Students rate the Radiology Clerkship poorly, even though they rate most of the lecturers very highly. They believe the overall experience is inadequate, even though they do perform well by "objective" measures.
- Dr. Hall proposed adding a week-long radiology experience to the required curriculum. This would be in addition to the existing longitudinal lecture series. It would consist of practical experiences interpreting diagnostic images under
supervision. The majority of Year IV students currently elect similar experiences in advanced clerkships.

**Discussion**

Dr. Metten wondered whether additional effort could be made to integrate and/or juxtapose anatomy and radiology instruction, and also to move some of the concepts usually taught in the third year in the first year. Dr. Hall will consider this proposal, as long as it would not be not in lieu of the third year clerkship.

Dr. Stangl questioned where the one-week block would come from. She acknowledged that planning and implementing a longitudinal clerkship is logistically difficult but thought it would be best to focus on improving the current structure. Dr. Hall commented that the best way to learn radiology is not through lectures, but by actually doing it and following a radiologist on clinical practice, which does not happen with the current structure.

Dr. Tillisch stated that students feel that they need a concentrated exposure to radiology in order to learn the content. He supported radiology as a clerkship and did not think that this would take away from students’ opportunities to learn radiology in other clerkships. He acknowledged that finding the time would be difficult, but felt that it is the School’s responsibility to find ways to support best teaching practices. Dr. Krasne agreed with Dr. Tillisch’s comments and suggested treating the longitudinal radiology like one of the threads in the new curriculum with a director who would make sure that there is continuity throughout the year.

Dr. Wilkerson noted that if radiology were a rotation in the third year curriculum, some students would not take it until very late in the year. Dr. Hall responded to this concern by stating that the didactic portion of radiology will remain part of the other clerkships as it is now. The practical application in the clinical setting is the missing piece in the current structure.

Dr. Wilkerson invited Dr. Ogunyemi to comment on the changes that Drew has made in their radiology clerkship. Drew recently changed the two-week radiology clerkship to a longitudinal experience in order to have a course more similar to the UCLA clerkship. It has been combined with the four-week ambulatory medicine clerkship. During the first two weeks of this combined clerkship, radiology is concentrated in the first three days where students attend radiology during the morning and ambulatory clinics in the afternoon; subsequently, radiology is taught throughout the rotation. There are about six students on the ambulatory medicine clerkship. Dr. Tillisch thought that having a concentrated block of radiology is valuable for students before going on the ward. In response to an inquiry from Dr. Hall, Dr. Ogunyemi offered to email him the actual number of hours of radiology instruction included in the combined clerkship.

Donna Zulman reported that she learned radiology best when she went to see films for a patient assigned to her. She suggested using a format similar to what Olive View
Medicine does with physical diagnosis rounds, i.e., students meet with a radiologist and present their patients and review films once a week. Dr. Hall was concerned that students’ experiences could vary too much depending on the site.

Dr. Wilkerson noted that students often view learning radiology as similar to learning to read EKG's, i.e., they do not feel confident in their knowledge and skills; some part of students’ concerns may be an "expectation" problem. Dr. Hall agreed and gave an example of students in the Primary Care College who commented after his session that they were surprised at how much they actually knew about radiology. He felt that there is a perception issue, partly because students do not get enough feedback on how well they are doing at looking at images. Dr. Hall clarified that students are meeting the basic objectives and have some knowledge of what they need to know, and that he is comfortable with what they know. However, radiology is a discipline that cannot be learned or reinforced outside of the practice environment and feedback is required.

Dr. Parker suggested that the committee consider making the fourth year elective that as many as 100 students take currently, a requirement. Dr. Hall responded that the Radiological Sciences Department does not have enough faculty or reading rooms to accommodate 150 students, even using other sites; residents and faculty also use the reading rooms. Additionally, they are trying to make the experience more interactive.

Aron Bruhn commented that even though faculty may be satisfied with the level of knowledge that students are gaining, that is not an argument against changing/improving the clerkship; students may be struggling with the system. He believes that students are dissatisfied with the current clerkship structure.

Dr. Steadman favored having some continuity and concentrated time for the radiology clerkship. He suggested that radiology be inserted into one of the major clerkships in a half-day format, as Drew has done, and following it up in the fourth year with a one-week required radiology rotation. He also recommended that the Radiology Department use residents as teachers.

Dr. Hall was asked to present a couple of proposals to the MEC at the October meeting. Any change will need to be approved before the New Year.

The meeting was adjourned at 6:20pm.