Minutes: Meeting of January 14, 2004

Present:
Drs. Ronald Edelstein, Earl Homsher, Mark Noah, Shobita Rajagopalan, Alan Robinson, Stuart Slavin, Michael Sofroniew, Susan Stangl, Randolph Steadman, Jan Tillisch, John Tormey (Co-Chair) and LuAnn Wilkerson, and Janice Contini

Students: Jon Abelson, David Samimi, Sirach Selassie and Donna Zulman


Minutes of the November Meeting

The minutes were approved as written. (There was no meeting in December.)

LCME Accreditation: Quantification of patients and diseases seen in core clerkships - Dr. Noah

At the last Clerkship Chairs Committee meeting, members discussed the goals and objectives of the clerkships and how to quantify assessment that the goals and objectives are being met. LCME guidelines state "the objectives for clinical education must include quantified criteria for the types of patients (real or simulated), the level of student responsibility, and the appropriate clinical settings needed for the objectives to be met."

Members of the Clerkship Chairs Committee discussed how to actually quantify the number of patients seen with specific diseases or problems, and what each student’s responsibilities were, as well as how to determine whether the student achieved the stated goals. Substantial discussion ensued, but in the end it was decided that the individual clerkship chairs must determine how to collect the data and meet the objectives.

The Graduation Competencies list covers about 15-20 diseases that all students should know how to work up; diabetes is one of those. One of the assessments is to determine, for example, how many patients with diabetes does each of our students need to work up to be judged competent in this area? This is still under consideration by the Clerkship Chairs. One strategy is to document that each has taken care of one patient with diabetes. The PDA log would reveal whether every student has had an appropriate level of responsibility caring for a diabetic patient -- is one patient enough?

Dr. Tillisch commented that there is no way of assigning patients to students in this manner in any of the medical clerkships. The reality is that students see the patients that are available. They will be expected to know how to take care (recognition and screening) of patients with disease X, even though they may never see such a patient during their clerkships. Dr. Tillisch felt strongly that what the LCME is asking is not possible within the system.
Dr. Slavin suggested stating that students must be able to perform a history and physical examination and other broader skills. This could be interpreted as "kinds" of patients, like well-child checkups, geriatric patients, rather than a specific diagnosis. Dr. Robinson concurred and noted that the LCME refers to types of patients. He commented that it could be agreed that every student must have some experience taking care of emergency patients, patients with mental health issues, etc., focusing on the "types" of patients. Dr. Tillisch suggested writing the objectives in such way that "students must see this spectrum of diseases in this spectrum of settings, and they must see X number of patients."

Another possibility is to ensure that the didactic curriculum in each of the clerkship covers the required diseases and topics.

Dr. Wilkerson suggested using the PDA data to get a distribution. Dr. Tillisch mentioned that specific diseases are not listed on the PDA for the Medicine Clerkship. Although there is a list of about 120 diseases in the Medicine PDA log, this is a catalog of diseases that students can choose from in entering their data. Dr. Noah noted that students are told that there are 10-12 diseases they are recommended to observe/treat, but that this is not being documented very well.

The MEC will ask the Clerkship chairs to determine the number of patients each student must be responsible for in order to pass the clerkship.

Donna Zulman, MSIV commented that it takes about four minutes to complete a PDA log for one patient. Dr. Wilkerson responded that students do not need to include a lot of detail but can simply click on the pull down menu.

PDA was developed to help monitor students’ experiences in the clerkships, but only Family Medicine has built a system to utilize the data in guiding students study. It is a data collection tool, rather than for documenting every patient interaction. The PDA log may be simplified to preclude inputting too much information and requiring use of the pull down menus to expedite the process.

Dr. Slavin suggested charging a taskforce to consider how PDA-collected data can best be used by the Clerkship Chairs. Dr. Noah stated that the Clerkship Chairs Committee is the appropriate group to discuss this matter further. Donna Zulman asked that a student representative be included at the Clerkship Chairs Committee meetings when discussing this matter.

**LCME Accreditation: What procedures should be required? - Dr. Wilkerson**

Several months ago, the MEC reviewed and revised the Graduation Competencies document. In particular, the committee discussed an item that states that students should know how to perform the 12 listed procedures. After substantial discussion, members agreed that students do not need to know *how* to perform many procedures, but instead should know what the procedures consist of and the indications of when to perform them.
Dr. Wilkerson took this recommendation to the College Chairs Committee where it was received with mixed reactions. Some felt that there should be a limited number of procedures that all students should know how to do, and some felt that the students should only know about them. They requested a review of the data on what procedures students are currently performing before making a decision. Dr. Wilkerson asked the MEC members to recommend the essential procedures that all students should know by graduation. The list will be shared with the College Chairs Committee for acceptance or recommendations.

Dr. Wilkerson reported that procedures are included in the logbooks by Family Medicine and Internal Medicine clerkships. Data from the PDA log demonstrated tracking observation of students’ as well as their participation.

Dr. Noah recommended that students should know how to perform at least three procedures: venipuncture, IV placement, and ABG. The question was raised whether there should be a longer list of procedures that students should know about and know when to use, in addition to a shorter list of procedures that students should be able to perform? Dr. Wilkerson will ask the College Chairs to create these two lists.

**Drew Update - Dr. Rajagopalan et al.**

Dr. Rajagopalan reported that there were several meetings with the Chairman of the Department of Surgery and with the Surgery Clerkship Director at Drew. They implemented a new orientation very similar to the UCLA Surgery Clerkship orientation, which went very well.

Everything else in the Clerkship will stay the same for third-year students. The residents will be there until June 30th, and the Chairman is working to have the faculty work more closely with students.

Dr. Edelstein informed the group that Drew’s Thesis Research Day will be on April 7th.

Dr. Willock updated the committee on the accreditation process at Drew and explained that the focus is on the hospital where a number of deficiencies were found. They want to downgrade the Neonatal ICU, which will affect the Pediatrics and the Ob-Gyn programs. The pediatricians and the neonatologists feel that the data used by the County to make the decision is erroneous, and they have since provided new data, which, however, has not been accepted. Internal Medicine received many citations, which have since been corrected. Dr. Edelstein reminded us that many of the programs at Drew are excellent, and unfortunately these are not reported in the papers. The medical student education program as well as the research program are doing well.

They were thanked for updating the committee.

**Plans for Year II Blocks in Human Biology & Disease curriculum - The Block Chairs**
Foundations of Medicine II - Dr. Feldman

Dr. Feldman gave a brief overview of the Block 5 curriculum. Please review the PowerPoint slides for details of the presentation. See attached

Discussion:

Dr. Wilkerson asked where tumors and solid cancers would be taught. Dr. Leibowitz answered that the principles of oncology will be taught in this block without mentioning specific solid tumors and the other blocks will teach the specifics related to their organ systems. Students will learn about tumor biology and basics of staging cancer in block 5.

Jon Abelson, MSI asked whether certain topics received less focus in the new curriculum due to the shortened time. Dr. Feldman answered while deciding how to present the content was a challenge in this block, but he did not feel that they had had to make compromises. It was decided that groups of organisms and pathogens would be presented, and the cases and the reading assignments would support the teaching. The material would be presented in an integrated fashion without covering one pathogen a day as in the current second-year curriculum.

David Samimi asked what the lab and lecture structure would be. It was noted that the PBL case will be initiated on Mondays and followed up on Fridays, although, Hematology may run differently. There will be one afternoon every week of either Doctoring or Clinical Skills and every other week of preceptorship visits. Another afternoon will consist of labs. The details for afternoon instruction are still in development. PBL sessions will be from 10 am-12 n (first year PBL classes are 8-10 am on Mondays and Fridays). The lectures will be from 8-10am. [NB: At a subsequent meeting with students, David requested that lectures be held from 10 am to 12 n Tu/W/Th to make their study time more efficient.]

Gastrointestinal, Endocrine and Reproductive Medicine II - Dr. McGowan

Dr. McGowan gave a brief overview of the Block 6 curriculum. Please review the PowerPoint slides for details of the presentation. See attached

Discussion:

Obesity is heavily covered in the equivalent block in the first year. Dr. McGowan reassured Jon Abelson that the lectures would include a review of the related anatomy. Dr. Wilkerson reminded students that the PBL cases would continue to incorporate physiology, biochemistry and anatomy; there won’t be time to forget the material. Dr. Tormey also explained that the original plan of the new curriculum was not to expose them to the anatomy, pathology, physiology, etc. only once, but to revisit and amplify the knowledge.
Dr. Tormey wondered whether the pathology labs could be held in the mornings around 10am. Jon Abelson commented that he would discuss this with his peers at the next Town Hall Meeting. David and John have spoken with Dr. Metten about the histopathology lab sessions since the pathology room has become increasingly crowded. They suggested using the lecture hall for some sessions.

*Cardiovascular, Renal and Respiratory Medicine II - Dr. Sopher*

Dr. Sopher gave a brief overview of the Block 7 curriculum. Please review the PowerPoint slides for details of the presentation. See attached

*Discussion:

Dr. Goldhaber commented that this block would cover material that the current second years learn on ECGs in the IMF. The Clinical Foundations Course has a session on EKGs also. Reviewing EKGs multiple times is seen as a benefit.

Jon Abelson asked whether the current second year pathology labs would continue. Dr. Tillisch commented that these are a valuable way to teach and should be included in the curriculum. The goal is to have the labs and the PBL connected to one another.

In order to know what to reiterate the second time around, David Samimi suggested asking students to identify the areas that they did not feel quite as confident in. The identified topics could be revisited in the second year.

The meeting was adjourned at 6:30pm.