Minutes: Meeting of March 10, 2004

Present:
Drs. Craig Byus, Ronald Edelstein, Mark Noah, Neil Parker, Shobita Rajagopalan, Susan Stangl, Margaret Stuber (Co-Chair), Jan Tillisch, John Tormey (Co-Chair) and LuAnn Wilkerson, and Janice Contini
Student: Donna Zulman
Guests: Drs. Susan Baillie, Dotun Ogunyemi, Gary Schiller and Marcelle Willock, and Patricia Anaya, Louise Howard, and Charlotte Myers.

Physicianship Program: Experience in Year 3 and Prospects for Extending to Years 1 & 2 - Dr. Noah

History

Discussion was begun three years ago to address behavioral and attitudinal problems that were overlooked or sometimes not addressed until late in the students’ medical school career. In order to implement effective remediation, the School needed to be able to accurately identify problems. This physicianship program is modeled after a similar one started at UCSF. The FEC gave permission to pilot this in the third year.

The Process

1. Physicianship problem is identified with a student.
   a. Student meets with the attending or the course director to address the problem. If no further problems occur during the course, the form will be sent to the course chair, and the course chair will decide what steps to take next (i.e., comments may or may not be put in the course summary, further actions may or may not be taken, students will meet or not meet with the course chair, etc.).
   b. Student meets with the attending or the course director. If the problem is not acknowledged by the student or if the problem is recurring or egregious in nature, the form is submitted to the course chair, and the student meets with the course chair.
      i. Student meets with the course chair and reviews the problem. If the problem is determined to be adequately addressed, the physicianship form with the remediation plan will be sent to the Dean of Student Affairs and to the Progress and Promotions Committee.
      ii. If the course chair determines that the problem is not adequately addressed or is egregious in nature after meeting with the student, the physicianship form with the proposed remediation will be sent
and discussed with the Dean of Student Affairs and the Progress and Promotions Committee.

1. The Dean of Student Affairs reviews the problem and meets with the student (course chair can be present if the Dean desires). If the problem is validated, a remediation is approved by the Dean of Student Affairs and the student concurs. The Progress and Promotions Committee is notified about the remediation or administrative action.

Forms

- **UCLA Physicianship - Attending Reporting Form**

  This form is completed by the attending and forwarded to the course chair (not the Dean of Student Affairs.) The form includes a list of positive descriptions of what is expected of students and some examples of problem behaviors. There is a section at the end of the form where the attending can describe the discussion with the student and the student’s response.

- **UCLA Physicianship Evaluation**

  This form is completed by the course chair and forwarded to the Dean for Student Affairs. This form also includes a section to list the proposed remediation and the final remediation process.

Discussion

Dr. Ogunyemi remarked that residents most often witness problems with physicianship in their interaction with students, and asked whether these forms be accessible to them? Dr. Noah answered that when residents identify problems with students, they should involve the faculty attendings and discuss it with them.

Dr. Noah explained that use of the forms during the pilot period has been minimal. Most people do not know that the forms exist even though this has be presented at clerkship chairs committee meetings multiple times. Dr. Parker has also informed the students about the physicianship forms at the start of their clinical year. Some forms were completed, however, faculty are somewhat hesitant to use them.

Dr. Noah felt that there are many advantages to expanding the physicianship program to the first two years. This will help change the culture here at the school, changing behaviors. Forms will be used more widely to have a positive impact in helping students. A tracking system for recurring problems will be very important.

Dr. Willock felt that it would be easy to modify the form to include first and second year Block Chairs since the issues are not specific to the clinical years. She also suggested
changing the wording on the last box of the flow chart to "P&P committee notified about remediation for administrative action." Dr. Baillie suggested adding a step to the flow chart of having the clerkship site directors notified so that they can discuss these issues in their individual meetings.

Dr. Ogunyemi recommended establishing a process to handle any discrepancies between the student’s account and the attending’s account. Dr. Noah stated that if there is a disagreement between the attending and the student, it would be reviewed by the course chair and the Dean of Student Affairs. Dr. Wilkerson remembered a section on the previous version for the student to write his/her account and/or response and to sign, and felt that it should be on the form.

The action that needs to be taken by the MEC is to decide if this physicianship program should be extended to the first two years. Dr. Parker felt that the concept of physicianship should be built into the curriculum. For example, it can included in a case in Doctoring. This would be more effective and educational than just telling them about the forms.

**Dr. Tormey moved to extend the physicianship program to the first two years. Dr. Wilkerson amended the motion to include Drew and Riverside. The motion and amendment were seconded and approved unanimously.**

**Minutes of February Meeting**

It was pointed out that there was an error in the wording of the Drew report. Dr. Willock clarified what was shared last month about the citations. The minutes should state the following. When King Drew Medical Center had its institutional review, they received two broad citations: 1) The internal review process is evolving and 2) There is a lack of oversight due to the number of programs in trouble.

**Changes to Graduation Competencies - Dr. Wilkerson**

Dr. Wilkerson reminded the MEC that it had recommended that performance of procedures should not be required as graduation competencies, but that students should know about the procedures and the indications for using these procedures. The college chairs did not agree with this recommendation and suggested the following list of procedures.

#4. Perform the following basic diagnostic and therapeutic procedures:

- Vital signs
- Basic first aid
- Basic Life Support (BLS certification)
- Suturing simple lacerations
- Drawing venous blood
- Starting an IV
- Basic airway management
• Body substance isolation

After substantial discussion, the MEC members suggested the following:

• Delete vital signs and body substance isolation from item #4 under Patient Care.
• Change item #5 under Patient Care from "Be familiar with the technique and indications for the following obstetric and gynecological procedures: performing a PAP smear and speculum exam; normal vaginal delivery" to "Be familiar with the technique for a normal vaginal delivery."
• Delete breast and prostate as examples of cancer under Medical Knowledge item #4 b.

It was moved to add item #4 under Patient Care with the suggested changes discussed above (delete vital signs and body substance isolation). The motion was seconded and approved.

It was moved that #5 under Patient Care be changed to "Be familiar with the technique for a normal vaginal delivery." The motion was seconded and approved (one opposed and one abstention).

It was agreed to delete breast and prostate as examples of cancer under Medical Knowledge item #4b. For item #3 under Medical Knowledge, "blood and urine chemistries" should be changed to "blood and urine analyses". Dr. Wilkerson asked that Drew and UCR adopt the same competencies and only add additional competencies for the special nature of their programs. She also asked that members of the UCR EPC and the Drew EPCC discuss and approve these graduation competencies. The approved document will be presented to the FEC for discussion and a final vote at their March meeting.

**Changes for the Medical Colleges - Dr. Schiller**

Dr. Schiller provided background information about the Medical Science College. It was designed for students with an interest in academics and tailored for those who have an interest in basic sciences. The program included a longitudinal project consisting of a mock grant preparation which three or four students worked together to prepare for submission to a regulatory body. Students did not like this exercise. Only six students enrolled in this college in 2003-04. This was considered an inadequate representation for future academicians. Therefore, the college was reoriented to be more about medical specialties. One goal is to help develop critical thinking skills for those students becoming subspecialists in internal medicine, pediatrics, pathology, and radiology as well as for future academicians in basic science or clinical research. For the longitudinal project, students will prepare and present a review on a selected topic. The college now has 28 students enrolled for 2004-05. Dr. Schiller requested endorsement of these changes by the MEC.
Dr. Wilkerson announced that the Senior Scholarship Day is on March 19th from 9-12 at the Faculty Center. There are 122 submissions (12 oral presentations and 110 poster presentations). She encouraged members to attend. Dr. Edelstein added that the Drew Student Research Day presentations will be April 7th and cordially invited all members to attend (CME credit will be given).

Drew and UCR Updates - Drs. Byus, Rajagopalan and Willock

Drew

Dr. Rajagopalan reported that Dr. Harry Jonas, former head of the LCME, vice president of the AMA, and consultant to UCLA, visited Drew and attended an EPCC meeting. He provided feedback and ideas to the faculty at Drew, focusing on the comparability between Drew and UCLA educational programs. Dr. Rajagopalan will meet with clerkship directors and should have some action items to address problems in the clerkships.

Dr. Wilkerson presented Drew’s Graduation Questionnaire Data at their EPCC meeting. There were only two services that scored low on the GQ. Dr. Willock reported that some of the paperwork issues have been corrected and that Drew is committed to fixing the problems.

Dr. Parker asked if Dr. Rajagopalan would give an update at the next meeting on how the Surgery Clerkship will be run. Dr. Rajagopalan explained that their Radiology Clerkship will become longitudinal, like UCLA’s. They are also working on improving the Neurology Clerkship since it did not receive good ratings. Dr. Wilkerson has met with clerkship chairs from UCLA and Drew, and the meetings have been wonderfully productive. UCLA’s Neurology clerkship lectures are being videotaped and will be available as streamed video; Drew will utilize some of the same streamed lectures, sharing resources.

Drew is also working on aligning a four-week ambulatory medicine course with the UCLA course. The exam will be the same for both clerkships. Clerkship objectives, evaluation, and durations need to be the same for LCME accreditation. Comparability is the goal, but unique, mission related experiences or curricular innovations can exist. More updates will be presented next time.

UCR

Dr. Tormey recently reported on the Block 2 experience to the UCR faculty. The faculty will determine workloads at the next meeting. This has been very difficult to quantify, but they have a good estimate for discussion. Block 5 plans are moving forward and are turning out well. Budget issues need to be addressed, and Dr. Byus will come up with some estimates.
UCR will also use ANGEL. Dr. Tillisch recommended that faculty and staff be thoroughly trained. Students are very reliant on ANGEL, so using it well is important for success (a training workshop is scheduled the following week). Dr. Tillisch also suggested, and Dr. Wilkerson concurred, that Dr. Krasne lead the training sessions.

UCR is requiring students to have wireless laptops, rather than setting up a computer facility. All of their classrooms will be wireless. Dr. Parker explained that UCLA does not require a laptop, and that the requirements should be consistent due to financial aid issues. Dr. Byus noted that their requirement was cleared with the financial aid office at UCR. The issue may need to be discussed at the FEC level.

**New Fourth Year Elective**

The new minimally invasive surgery elective was approved.

**Graduation Questionnaire - Class of 2003 - Dr. Wilkerson**

Please review the [attached presentation](#) for details.

Dr. Wilkerson presented the UCLA/UCR data: 94.3% of students were satisfied with the quality of their medical education (87.1% nationally), and Drew’s data are similar. Each clerkship was scored and Internal Medicine was rated the highest at 94.4%. Radiology was rated at 35.2% -- Dr. Wilkerson explained that the same exam for Radiology was given in the two-week block and in the longitudinal block. Students’ performance has been significantly better in the longitudinal block, however, students do not feel confident of their knowledge.

Individual lecturers in Radiology receive fantastic evaluations, however students are not comfortable with the longitudinal format. Radiology did not have high ratings as a two-week block. The LCME requires that this data be submitted as part of the accreditation packages. The School has internal evaluation data that will also be provided to the LCME.

The evaluation item, "Sufficient feedback provided by faculty" item is getting improved ratings in most clerkships and showing an upward trend. The item, "Personally observed by faculty member" item is also improving.

The list of topics that students felt were inadequately covered was much shorter. In 2003, students said the following were not adequately covered:

- Health care systems - 58.7%
- Medical economics - 70.6%
- Law and medicine - 55.0%
- Managed care - 49.6%
- Practice management - 48.2%
- Pain management - 58%
- Palliative care - 60%
Nutrition - 40%
Occupational medicine - 46%

Dr. Wilkerson asked the MEC to revisit this list in the future to determine where these topics should be included.

A new item asked students how well prepared they felt for beginning residency. Students indicated that they felt well prepared. Other items of interest included:

- 59.5% of the students want to be involved in some level of research.
- 24% intend to work in an underserved area (Drew is at 75%).
- 14% plan to get future training in geriatrics.
- 39.7% are interested in academic medicine.
- 87.9% are aware that UCLA has a mistreatment policy.
- 24% have reported that they have been personally mistreated.

The meeting was adjourned at 6:30 pm.