Minutes: Meeting of May 12, 2004

Present:
Drs. Ronald Edelstein, Theodore Hall, Earl Homsher, Mark Noah, Shobita Rajagopalan, Susan Stangl, Randolph Steadman, Margaret Stuber (Co-Chair), Jan Tillisch, John Tormey (Co-Chair), and LuAnn Wilkerson, and Janice Contini

Students: Jonathan Abelson, Mailan Cao, and Donna Zulman.

Guests: Drs. Sue Baillie, Cha-Chi Fung, Gretchen Guiton, and Janet Pregler, and Louise Howard and Charlotte Myers

Alumni Survey

Dr. Guiton presented three years of Alumni Survey data according to program. Surveys are conducted for graduates after one; five and 10 years post graduation. The data presented was collected in 2001, 2002, and 2003. Please review the attached handouts of the data: Classes of 1990-2 and Class of 1997.

The ten-year post-graduation data presented were from classes of 1990, 1991, and 1992. When broken down by program (UCLA, Drew and UCR) the numbers are very low. However, based on the number of surveys mailed, the response rate is close to 50% (not bad). There was only one respondent from the 2002 Drew group, so those scores were not reported on, although the LCME reports will require reporting by program.

In general, the graduates are making clinical diagnoses, managing clinical cases, taking an ethical and humane approach to patient care, and graduates report feeling well trained; this is fairly consistent across programs. Interestingly, on questions dealing with health promotion and disease prevention, UCLA’s score is lower.

In preparation for the last LCME site visit in 1998, ED&R began collecting data from alumni in order to assess as the revised curriculum. Questions have been matched to the new mission statement, and perceptions by our graduates will be assessed as to whether things are different. It is not just looking within the three years, but also looking at the data between five and ten year cohorts. The items on this survey were devised from the mission statement constructed in 1994, with a few added themes.

The data are interesting across time within a cohort as well as reflecting how the cohorts are different. The greatest differences are in the area of technology. In the 10-year survey over three years, people have moved towards increased use of technology in learning (PDAs, computer based literature searches, more use of the Web, reading medical journals, etc.). However, the same trend is not apparent in the 5-year survey because respondents have used technology consistently over the three years covered by the survey.

Coverage of genetics in the curriculum has increased. Drew graduates indicated that instruction on caring for the underserved is good, and this is consistent across programs. Clinical research was not better for the 5-year group vs. the 10-year group. Career
selection advising did not get high ratings; this data does not reflect the class that has had the college experience.

A survey of interns is sent to one-year out graduates; this data will be shared at a later time. Dr. Guiton was thanked for her presentation.

Dr. Wilkerson explained that a mailing is done with a David Geffen School of Medicine at UCLA pin as a gift, plus one follow up mailing. Very few medical schools collect this kind of data.

**Minutes**

The minutes from the March meeting were approved as written.

**Announcements**

Dr. Stuber announced that room C8-885 NPI will be the new meeting location. Please make note of the new dates found on the website (note that not all fall on the second Wednesday of the month).

Dr. Tormey announced that he and Dr. Stuber took the MEC’s recommendations regarding graduation competencies; these were approved following substantial discussion. The members of the FEC also approved the plan from the MEC to extend the reporting of physicianship issues into the first and second years. They requested, however, that the form be revised to include some examples relevant to first and second year issues.

Dr. Wilkerson informed the committee that Dr. Randy Steadman has stepped down as the Chair of the Acute Care College as of July of 2004, and announced that Dr. Wendy Coates, who has been the Vice Chair of the Acute Care College, has been appointed the new Chair. Dr. Steadman will continue working with the Electives Subcommittee. Appreciation was expressed to Drs. Steadman and Baillie for the huge number of evaluations of electives from both UCLA students and externs.

Dr. Stuart Slavin is also stepping down as Chair of the Primary Care College, and Dr. Ashley Christiani has been named the new Chair, effective July 2004. Dr. Jodi Friedman will be the new Vice Chair of the College.

Drew’s Urban Underserved College may have a new Chair as Dr. Patrick Aguilera becomes the Director of Admissions and increases his role in Student Affairs. Selection of a new chair is in progress.

**Drew Update**

Dr. Rajagopalan notified the committee that the Chair of the Department of Surgery appointed two Co-Directors for the Surgery Clerkship. The co-directors presented a document outlining the revised clerkship to Drew’s EPCC. The structure will not change
much, with one week of orientation, three weeks of non-trauma, and two weeks of trauma, and six weeks of subspecialties. Faculty have been selected for teaching students. Six students rotate on the clerkship. Students are on call every fourth night. The Drew EPCC asked the co-directors to create a syllabus; they shared it with Dr. Willock who in turn presented it to Dr. Levey for review. It will be formally presented to the EPCC in June.

The Drew Radiology Clerkship is within the medicine block--two weeks of radiology and ten weeks of medicine. There is not enough time for ambulatory medicine. In order to make their curriculum comparable to UCLA’s, changes need to be made. Radiology asked to keep the two weeks or to make it a longitudinal experience; no decision has been made. The EPCC will work with radiology to develop a combined two-week course of radiology and ambulatory medicine with students in radiology in the mornings and in ambulatory clinic in the afternoons. A draft of the proposal will be submitted to Dr. Wilkerson for review. They will also move some radiology content to their Clinical Foundations course. Drew and UCLA curricula will be more comparable.

Dr. Edelstein mentioned that Drew’s Colloquium was very successful. This was the first time all of the Drew students prepared a manuscript and will receive thesis credit. He also mentioned that Drew has passed the JCAHO survey.

Dr. Wilkerson commented that Dr. Levey will meet with second year Drew students to describe the quality assurance mechanisms that he and Dean Willock have agreed upon. The agreement is that if appropriate supervision is occurring, the Surgery Clerkship will remain active at Drew. There will be ongoing meetings between students and Dr. Levey.

A new item for the Patient Lob on students PDA entries is a question about the level of supervision received with each patient. This will make it very easy to track the level of supervision in a timely manner. Dr. Willock has also been asked to use a sign in system so that she can evaluate the level of student-faculty interaction.

**Report from Block 3**

Dr. Pregler presented a report of the first year Block 3 course, Gastrointestinal, Endocrinology, and Reproductive Medicine I. *Please review the attached PowerPoint slides for details.*

**Discussion**

Dr. Hall asked how radiology was integrated in the anatomy laboratories. Dr. Pregler responded that some radiology topics were integrated into "traditional" lectures. Dr. Hall mentioned that he and his colleagues are developing a cadre of residents who want to teach, and he asked whether there would be teaching opportunities in the labs. Dr. Pregler suggested that he contact Dr. Trelease.

Dr. Tillisch stated that the faculty must think seriously think about Anatomy instruction, now that so much of anatomic structure is perceived through radiology rather than
anatomy. Dr. Pregler commented that the pelvic exam requires the student to see the exposed anatomy.

Jonathan Abelson mentioned that Drs. Howard and Pregler were very accessible to students, and the block was well organized. They provided recommended reading lists at the start of the block so that students were able to study ahead of time. He added that the lecture notes were of high quality and very much appreciated. They liked having fewer lecturers. The clinical experiences were great.

Dr. Pregler was thanked for her presentation.

**USMLE Requirement**

Dr. Wilkerson, on behalf of Dr. Parker, sought the advice of the members of the MEC on the current policy requiring students to pass USMLE Steps 1 and 2 in order to graduate.

There is a new component to Step 2, *viz.*, clinical skills. Should our students be required to pass just the knowledge part of Step 2 for graduation, or the clinical component as well?

How does the faculty feel about students who pass all of our clerkships, but fail to pass Step 2? Under current policy, they would not graduate. About a year and a half ago, at the pleading of the students, the MEC changed the date by which the students must take Step 2. Prior to 2002, it had to be taken by December 31st; this allowed the exam to be taken three times prior to graduation. The MEC and the FEC approved policy that students can take the exam as late as two weeks after the Match list due date (about mid-February). This does not give students a chance to repeat, if needed. There is a risk of students failing Step 2 and not be able to graduate after matching with a residency program.

These concerns have caused Dr. Parker to revisit the policy. There is wide variability in school policies across the country. Some require students to sit for Step 1 and 2 but not required to pass. Others require passing Step 1 and sitting for Step 2; and some, including UCLA, require students to pass both. The College Chairs and Clerkship Chairs Committees have discussed this issue and each had opposite views.

Speaking as a program director, Dr. Tillisch commented that his department will not match anyone who has not taken and passed Step 2, and Medicine is not the only program that takes this position. The chance that a student will fail is very small, but if it does occur, the program is put in a very difficult position. It is a small but real risk that the school cannot afford to take. It is for convenience and not for educational mandate.

Dr. Wilkerson stated that if the students were not required to pass Step 2, they would graduate and go on to their residency and it would become a residency issue over the next two years. Dr. Stuber noted that they are not required to be licensed until the end of the second year of residency. Dr. Tillisch responded that students must submit their applications for licensure and should not disrupt the programs in this way. Remediation is
done much easier while in medical school than in residency. Not requiring passing Step 2 will not help either our students or the programs.

Dr. Wilkerson shared the specific example of a student who appealed a decision not to allow graduation because between taking Part 2 the second and third time, the Board raised the passing score. The student scored the same as everyone else in the Class that passed, but the Board declared the student as not passing. The FEC considered the facts and allowed the student to graduate. However, the situation raised the question of what is the relationship between passing the coursework and passing the USMLE?

Dr. Pregler added that the school is not doing any student a favor by putting them in a position to begin internship without having passed Step 2.

Dr. Wilkerson explained that the College Chairs were not uniform in their opinion about this issue. Dr. Schiller felt that not requiring a pass is a disadvantage to the student. Other Chairs were concerned about Step 2B since it is still an "unknown" and requiring a pass may not be the best thing, however, passing the knowledge portion is important. Dr. Parker’s response to this concern was that our CPX is more difficult, and we would not let students take Step 2 until they pass the CPX.

The Chairs felt that the third year is very full, then students take subinternships and go to interviews, they do not have much time to take this exam. They supported students taking it as late as they want. Dr. Pregler responded that inters have to take Step 3 without having any time off to study for it. There is no benefit to putting off taking the exam. Students should be told to take it as early as possible if there have been any academic problems.

Some students do not want their Step 2 scores in the residency application because it might put them at a disadvantage. Dr. Tillisch stated that this is not a decision-making factor. Dr. Hall added that his program does look at Step 1 score, but not Step 2. On the other hand, students may not want program directors to think that the Step 2 score was withheld because of poor performance. Dr. Tillisch felt that by making it a UCLA policy, that Step 2 scores are not included in their residency applications, would solve the problem.

Dr. Stuber asked if the MEC should assemble an ad hoc committee to consider the facts and make a proposal, with data, for the Co-Chair to present to the FEC.

Students have a practice Step 2 at the time they take the CPX, however, many do not prepare or take it seriously. The MEC has not reviewed this data. We can tell students that if they take the Step 2 practice exam seriously, it could be