Minutes: Meeting of November 17, 2004

Present:
Drs. Craig Byus, Ronald Edelstein, Joshua Chodosh, Wendy Coates, Joan Kaplowitz, Sally Krasne, Shelley Metten, Neil Parker, Michael Sofroniew, Susan Stangl, Margaret Stuber (Co-Chair), Jan Tillisch, John Tormey (Co-Chair) and LuAnn Wilkerson.

Student members: Jonathan Abelson, Aron Bruhn, Jonas Green, Steve Rad, Zarin Tejani and Donna Zulman.

Guests: Drs. Sue Baillie, Carolyn Houser, Heather Krell, Dotun Ogunyemi, and Marcelle Willock, and Patricia Anaya, Louise Howard, Lisa Jo Keefer and Gezelle Miller.

Minutes

The October minutes were amended via email from Dr. Wilkerson regarding course reviews. There were no other amendments.

The substitute paragraph reads:
"Dr. Wilkerson responded by stating that we have the ability to look at each block in the HB&D curriculum, but this opportunity does not currently exist for the Clerkships. Although there are Clerkship Chairs Committee meetings, curricular issues are not sufficiently addressed in those meetings. In short, there is not a review process in place at an institutional level across the entire curriculum. The MEC, as the committee charged with curricular oversight, has no way to periodically assess the content and process of individual clerkships beyond student evaluations. We are an institution that is supposed to have a coordinated curriculum, and going beyond the departmental review of the departmental-based clerkships is important. The Clerkship Chairs Committee could be charged to occasionally review each of the required clerkships as a group, and to report its findings back to the MEC."

Block 4A and 4B Review

Presentation

Dr. DeGiorgio’s presentation slides are attached. Click here. (These slides include those used by Drs. Krell and Sofroniew, below)

Discussion

Dr. Chodosh asked how the block chairs were able to monitor the content to maintain the curricular threads and to reduce unplanned redundancy? Dr. Krell answered that it was a difficult task since there were over 40 lecturers in each block. Meetings with all of the presenters and leaders were organized by Dr. Sofroniew each week to discuss issues related to the following week’s instruction and to help each realize their place in the bigger picture. For Block 4B, faculty planned the block as a unit, therefore, there was significant integration. Dr. Sofroniew also prepared a template which helped lecturers be consistent; this will be improved upon for next year to include the specific goals that need
to be covered will also be distributed to faculty. Also, every Friday, the PBL tutors met to review the case for the following week.

Clinicians had a more difficult time with lectures. Dr. Krasne felt that when faculty are lecturing only once in a block, they do not have a real investment in the course. Also, this may be the first experience in lecturing to first-year students for some faculty. The clinicians were very valuable in giving context to the basic science instruction.

**Block 4A Proposed Changes for 2005**

*Presentation*

Dr. Houser’s presentation slides are attached. [Click here.](#)

*Discussion*

Dr. Houser commented that she has recently been informed about Selectives on Monday afternoons, so the Monday afternoon labs have been shortened to two hours instead of three as indicated in the slides. She hoped that the selectives could begin a little bit later (around 3:30 pm) because she plans to end the lab at 3pm.

Dr. Coates stated that localizing lesions is one of the most exciting activities that bridged all of the neurological systems. She suggested having patients with lesions in various locations. There could be optional sessions where these are reviewed. Dr. DeGiorgio mentioned that there was a vignette used in the block that contained many images. They plan on having more localization-related lectures to help integrate the information. Also, PBL cases were heavily oriented to localization. Dr. Coates suggested having more broad lesions that students could localize than specific ones. Dr. Houser commented that localizing lesions is highly difficult and there will be a session at the end in which a neuroradiologist presents students with a case history and shows an image that students need to figure out. Dr. Houser is trying to identify someone to produce a lesion and imaging-related session via IMMEX that would do exactly as Dr. Coates suggested.

**Block 4B Proposed Changes for 2005**

*Presentation*

Drs. Krell and Sofroniew’s presentation slides are included with those used above by Dr. DeGiorgio. [Click here.](#)

*Discussion*

Dr. Baillie asked if their labs on Mondays would go until 3:30 pm. Dr. Sofroniew answered that they will adjust the time of the labs so that they do not conflict with the Selectives.
Dr. Willock asked where pain was covered and was informed that some pain topics are covered in Block 4. Only the basic science of pain will be covered, including some pain pathways, chronic pain, and pharmacology of pain, but there is still a gap that needs to be filled. More pharmacology should be integrated in other parts of the curriculum. Dr. DeGiorgio stated that more development of pharmacology is needed in other blocks because there is too much for one block.

Dr. Byus commented that Riverside is threading more pharmacology in their blocks. Dr. DeGiorgio felt that it would be helpful to have more pharmacology consistently threaded throughout the block and have the anatomy that is not fundamentally related to the block be placed somewhere else. Dr. Houser agreed that the pharmacology thread needs more development and should be included throughout the curriculum. The Thread Chair, Dr. Melega, should be informed.

**UCR Block 1 Update**

Dr. Byus made reported on the successful implementation of the new Block I curriculum at UCR.

Steve Rad inquired about the benefit of having a laptop in the PBL sessions. Dr. Wilkerson answered that students used the laptops to look up visual images, definitions, etc. She informed the committee that laptops were delivered to all of the tutorial rooms for Year 2 at UCLA. Dr. Byus stated that the faculty at UCR have been very impressed with how much students can learn from the PBL method; students bring their laptops to the PBL meetings. Dr. Wilkerson congratulated and thanked the UCR faculty for their partnership and hard work.

**Drew Update**

Drew faculty have been reviewing all of their clerkships with UCLA, and Drew and UCLA are functionally equivalent. In all areas, they are using PDA logs to check on experiences and making sure students’ patient panels are similar. The student research program is excellent; students are not only writing theses but are also publishing them in peer-reviewed journals.

There will be new management at the King-Drew hospital. Several consultants are coming to run the hospital; the consultant group is similar to the Hunter Group that consulted at UCLA. In 60 days, this group will be giving a full report on the Martin Luther King Hospital to the Board of Supervisors. This will be in good timing with the LCME visit.

Dr. Edelstein answered several questions raised by Jonas Green. He mentioned their plan is to continue having the trauma experience at MLK hospital with or without the trauma center. AAMC graduation questionnaire shows that 70-80% of Drew students are actually working in underserved areas. Part of the reason is that they have had an intense year in a hospital setting that provides a public safety-net and have seen role models who have
survive and thrive in that environment. Drew students are getting into competitive residencies everywhere.

There have been student meetings scheduled frequently to inform them of the changes that are occurring at Drew. Dr. Wilkerson commented that there is a backup plan. Drew is part of the UCLA family, and there are plans to accommodate every Drew student in the UCLA clinical sites should there be a need to do so. This back up plan is temporary with the ultimate goal of returning Drew students to the MLK hospital.

There are about 3-4,000 applicants, and 300 interviews for the 24 slots available for Drew-UCLA Program. This is a self-selecting pool of excellent applicants. About 80% of Drew faculty have joint appointments at UCLA. The research dollars at Drew are growing astronomically.

The meeting was adjourned at 6:30pm.