Minutes: Meeting of October 6, 2004

Present:
Drs. Joshua Chodosh, Wendy Coates, Thomas Drake, Ronald Edelstein, Theodore Hall, Sally Krasne, Shelley Metten, Mark Noah, Michael Sofroniew, Margaret Stuber (Co-Chair), Jan Tillisch, John Tormey (Co-Chair), and LuAnn Wilkerson.
Students: Aron Bruhn MSII, Megan Morsheimer MSIII, and Steve Rad MSI.
Guests: Drs. Sue Baillie, Sandra Gonzales, and Gretchen Guiton, and Patricia Anaya, Louise Howard, and Gezelle Miller.

Proposed Changes to Radiology Curriculum - Dr. Hall

Presentation

Dr. Hall presented the proposed changes to the radiology curriculum. Please review the attached slides for details.

Discussion

Dr. Tillisch felt that the clerkships may have failed in assisting the instruction of radiology. Dr. Hall responded that currently physicians do not come down to the reading room to read films; they call down to radiology for results. Medical students are not sent down to pick up films like they used to because everything is done electronically. This is just the way that medicine is being practiced. Dr. Hall does encourage students to take the initiative to go down to radiology to look at films and find radiologists. He also tells the students what they should be looking for in terms of procedures, CTs, etc. There is a recommended number of cases students are encouraged to see in their third year.

In the current model, there are about 20.75 lecture hours over the year. In the proposed hybrid model, there would be 13.5 lecture hours and twice that number in the proposed 2-week model. There are about 15-20 students per rotation currently.

First and second year students get radiology exposure through the problem-based learning sessions and through the lectures in the blocks. Dr. Chodosh asked what the goals of radiology education for our students are. Dr. Hall responded that they want to give students an idea of how radiology is used in general practice. Dr. Wilkerson added that the objectives of the clerkship have been tailored for a generalist’s education.

Steve Rad asked if the clerkship directors are making sure that radiology is examined on their final exam and suggested involving them more to make sure that their students are getting the basics of radiology in their rotations. He used Block 1 as an example of how the block chairs worked with the thread chairs to make sure that all of the topics are being taught and integrated appropriately. Dr. Hall responded that the third year is different from the first in that they are not as integrated a curriculum. Dr. Krasne suggested adding more radiology in the first and second year in addition to what is taught in the third year.
Dr. Tillisch suggested revising the current structure, but he was uncomfortable with the idea of making radiology a block. He would like the committee to look at the proposed hybrid model to redefine some of the lectures and to have more of a generalist approach. All of the clerkships need to define what part of radiology they are going to be responsible for just as they did with the clinical skills exam. He thought that more was being done to teach radiology in the clerkships that we think, but we are not doing it in such a way that students are able to recognize that it is radiology that is being covered. Dr. Tillisch did not think that radiation oncology should be added to the didactic component of radiology.

Dr. Tormey thought that the MEC was leaning towards a consensus of having a hybrid curriculum for radiology that would not necessarily find a 1-2 week block in the third year but that would have a required intensive experience in the fourth year. The idea was to have integrative lectures continue in the third year and a block of time would be given to radiology in the fourth year. Dr. Hall stated that the disadvantages of this model is that there is not enough curricular time in the fourth year to have a required clerkship during that time. Also, it would reverse what the MEC tried to do earlier in moving the entire third year curriculum into the third year to prepare students in the fourth year for postgraduate education. For 15% of the class who are interested in going into radiology, it is disadvantageous for them because they now have to complete a fourth-year radiology requirement which would be a prerequisite for taking any of the fourth year electives in radiology and they also need to do subinternships in the fourth year. Dr. Hall did not think that this was a viable option.

Dr. Noah disagreed with Dr. Hall’s assessment. He felt that if you continue with the hybrid model, students will get their basic radiology teaching in the third year and once they get into the fourth year, they can choose to focus in on the area they are interested in such as bone radiology, neuroradiology, etc. The requirement can be expanded, and he felt that it would be an interesting compromise. It would be an elective in radiology that students can choose from in the fourth year.

Dr. Wilkerson commented that in addition to what we are doing in the first and second year, Clinical Foundations has been extremely important. This is where the basic approach in radiology is first initiated. The radiology lectures in the third year are well received by the students. She liked Steve Ray’s idea and commented that we did not test radiology until the end of the year. If we keep the longitudinal part, we can strengthen its appearance as a thread in clerkships by testing it. The idea of opening it up in the fourth year and having students choose some form of career-focused radiology is great.

Dr. Hall thought this would be a good idea, however, he is uncomfortable with having a fourth year requirement but this can be worked out. The electives that are offered in the fourth year are advanced clerkship in radiology, pediatric radiology, neuroradiology, and emergency radiology. Dr. Hall thought that there were not enough faculty to devote three-weeks of teaching time. Dr. Wilkerson thought they could create some new electives outside of the radiology department or by looking at other facilities.
Dr. Baillie commented that radiology was one of the most extensively commented areas of the curriculum. One of the things that students repeated in their comments was that they would like to have some concentrated time focused on imaging.

Dr. Edelstein mentioned that the Drew model has recently changed. It is a hybrid model of having one week of radiology then added time in the ambulatory care clerkship. This new model has been working well.

Dr. Stuber wrapped up the discussion by suggesting that a subcommittee be formed in order to come up with some concrete proposals. The following volunteered to participate in this subcommittee: Drs. Baillie, Hall, Metten, Noah, and Wilkerson, and Aron Bruhn and Megan Morsheimer.

Proposed Changes to MEC Bylaws - Dr. Tormey

The MEC Executives reviewed the current bylaws and made several changes in order to make it more consistent with the way the MEC operates. Dr. Tormey distributed the revised version of the bylaws for the members to review and highlighted the changes. Please see the attached handouts for details.

After reviewing the bylaws, the members made the following additional changes:

- Dr. Wilkerson commented that Drew and Riverside should be official subcommittees of the MEC. They are mentioned as official subcommittees of the MEC in the LCME Self Study Report.
- Dr. Tillisch mentioned that there is a problem of listing all of the subcommittees in the bylaws since the latter will need to be revised every time the former is revised. He suggested deleting the listing of subcommittees and simply mentioning that there are established subcommittees and that the MEC has the authority to appoint and dissolve them.
- Dr. Stuber stated that the MEC does not appoint the Drew and Riverside education committees. This should be mentioned separately in the bylaws.
- Drs. Sofroniew and Wilkerson suggested replacing the word, "appoint" to "create" in the statement about appointing and dissolving subcommittees.
- Aron Bruhn suggested changing the statement about student representatives and alternates to "Each class of the four years of medical school should be represented with one vote per class." and "There should be two representatives in the first year and second year classes and there should be three representatives from the third and fourth year classes."

Dr. Tormey will make the suggested modifications to the bylaws and present them to the FEC at its October meeting.

Dr. Tillisch moved to vote for the approval of these changes. Dr. Krasne seconded, and the motion was approved unanimously.
Building a Peer Review System for the UCLA Curriculum

Dr. Tormey stated that the MEC is responsible for overseeing the curriculum and there are a lot of data that can help the committee evaluate the curriculum. However, different campuses are collecting different types of data in different ways. It is important to have the curriculum be evaluated not only by the students but also by the faculty. There is a peer review system in place that evaluate individual faculty as teachers, however, there is limited evaluation of courses by faculty as a whole. With the implementation of the new Human Biology and Disease curriculum, there have been more isolated incidences of peer review of courses, but these have been the extent of peer review of courses at UCLA.

There are questions of whether or not there needs to be more extensive review of courses by faculty. Both Drew and UCR have a system in place and we have asked them to inform us about their processes.

Current practices at UCR - Dr. Johnson (by phone)

Dr. Johnson shared that the LCME requirement was one of the driving forces that led to this evaluation system. There was a more formal review in place before and this type of review created anxiety among the faculty. One of the reasons for the change in the review system was to create something that would be more positive in finding ways to improve the curriculum. Another reason was to connect the community clinical teachers with the basic scientists that were on campus. There needed to be a mode of contact and communication established between these two sets of faculty members involved in teaching.

There is an internal review followed by an external review. For the internal review, a course coordinator makes an assessment of his course, listing its strengths, weaknesses and plan for improvement. In the second phase of the review, the basic science and community clinical faculty review the material that includes student evaluations, subject exam data, LCME Step 1 data, etc. Then this report is reviewed and discussed at the monthly Course Coordinators meeting. One of the UCLA faculty are always invited to review the courses as well. In the third phase, the course coordinators review the comments and feedback from the Course Coordinators meeting. Then everything is reviewed by the Education and Policy Committee for final approval. Dr. Johnson stated that the process has worked out well.

Current practices at Drew - Dr. Edelstein

Dr. Edelstein began by introducing Dr. Sandra Gonzales, who is Drew’s new Director of GME and Undergraduate Medical Education.

The Clerkship Review Process was first developed by Dr. Karlon Johnson and is now overseen by Dr. Shobita Rajagopalan.
The clerkship renewal form, syllabus, and evaluation are turned into the EPCC for review. Then a field evaluation is done by a group of faculty who will go onsite to the rotation and talk to faculty and students to see what is going on in that rotation. Recommendations are made by this group, and these are shared with the faculty then forwarded to UCLA.

Dr. Gonzales shared about what was done with Surgery recently. She shared that they were trying to rapidly respond to students’ concerns. They made an effort to listen to students and faculty as well as to support the faculty for their efforts to run the clerkship. "Being on the ground" and seeing things in action was very important for them to address problems with the course and with the department. Making the experience supportive and interactive is key.

Dr. Tillisch wondered if we need to develop yet another codified evaluation process.

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.

Dr. Sofroniew felt that having a peer review system is essential so that we are not too dependent on students’ perception and evaluation of a course. There should be more objective outcome measures and having a more formal evaluation process would be beneficial. Dr. Gonzales agreed and thought a model that would promote collegial dialogue among faculty is important.

Dr. Baillie commented that a number of other schools are struggling with how they actually evaluate their curriculum and how they come up with a plan to evaluate. A lot of school have established students evaluation process, however, this is limited in its scope as it provides only the students’ perspective on the courses as stakeholders. This does not allow faculty to look at things like exam questions, course objectives, innovative teaching techniques, etc.

This topic will be continued.

The meeting was adjourned at 6:30pm.