Minutes: Meeting of September 8, 2004

Present:
Drs. Joshua Chodosh, Wendy Coates, Ronald Edelstein, Sally Krasne, Shelley Metten, Mark Noah, Randolph Steadman, Margaret Stuber (Co-Chair), and John Tormey (Co-Chair).
Students: Jonathan Abelson MSII and Aron Bruhn MSII
Guests: Drs. Susan Baillie, Ashley Christiani, Gretchen Guiton, Joan Kaplowitz, Dotun Ogunyemi and Marcelle Willock, and Joyce Fried and Gezelle Miller.

MEC Policy/Procedure on Curricular Surveys

Dr. Stuber shared a few examples that led to the proposed policy/procedure on curricular surveys. Dr. Tormey reminded the committee that one of the charges given to the MEC by the faculty is to regularly monitor the content and quality of the curriculum. However, a formal policy regarding curricular surveys does not exist; there are only informal procedures. Currently, when someone is interested in conducting a curricular survey, they must obtain IRB approval if the data will be published as research, and get approval from Drs. Neil Parker and LuAnn Wilkerson if students and curriculum are involved.

Dr. Guiton favored having a policy in place because UCLA has a good evaluation system; the integrated data could support curriculum decision-making. An excellent response rate has been achieved over the years from significant effort and because evaluations are required. However, additional surveys might affect student’s attitudes toward the current evaluation system and its integrity. It is important to get good data and not overwhelm students with invalid surveys.

Dr. Noah was concerned about the delay between the end of the course when the surveys are administered and the time when the data becomes available to course chairs. He suggested that students should evaluate a course immediately after the course ends, rather than trying to recall their experience months later. Dr. Guiton agreed that timing is an issue, and that the current system should be fixed to respond to the problem rather than everyone administering additional surveys in order to obtain immediate feedback.

Dr. Krasne agreed there should be a policy that would apply strictly to evaluating courses. Other surveys, i.e., those not dealing with courses should be handled on a case-by-case basis. ANGEL has made it possible to poll students; which is a useful tool to obtain immediate feedback about some aspects of a course. It should be verified that anonymity is ensured, and there should be some centralized control or responsibility.

Aron Bruhn commented that the evaluations were very useful and that his classmates don’t generally feel overburdened by the system; however, he acknowledged that there is potential for being overwhelmed if there is no control. He also stated that the add-on surveys have a different "feel" about them.
Dr. Noah reiterated his concern about the turn around time for getting data back because it does not allow for timely revisions to the course based on the feedback. Dr. Baillie responded that the policy of not returning evaluation data to the course chairs until all student grades for that course are submitted is causing this problem. The delay occurs especially in the clerkships.

The consensus of the MEC members was that there is a need to establish some broad policies at some point in time, sooner rather than later. Dr. Stuber offered for the MEC Executive Committee to prepare a proposal for the MEC to review at the November meeting; this was accepted.

**Minutes**

The minutes from the July meeting were approved as written.

**Electives**

The electives recommended by the College Chairs for approval by the MEC were posted on the MEC website. The MEC has given final approval of these electives.

**Introductions**

Introductions were made to welcome new members.

**CPX Performance 2004 - Dr. Guiton**

Dr. Guiton reported that the Clinical Performance Examination is administered every summer to the rising fourth year students. The California Consortium assures that the same exam is administered to fourth-year medical students in all California medical schools. She presented the UCLA data for each site (UCLA, Drew, UCR) from 2001-2004. There are four components that make up the total score: History Taking, Physical Exam, Information Sharing, and Physician-Patient Interaction. A score two standard deviations below the mean for the total score or for any of the components, is a fail. The presentation data reflects percent correct, not percentile. Please see the attached slides for details.

**Discussion**

Dr. Ogunyemi commented that teaching these skills are different from regular clinical training. He thought we should include more standardized patient programs in our clinical areas. He added that that additional faculty development is needed.

Dr. Chodosh felt that there could be some potential problems with the methodology that is used to derive this data. Dr. Guiton reported that the Consortium has performed numerous validity checks at multiple sites. She herself has done some G studies and has not found any evidence of real differences. Dr. Guiton added that she can monitor scores
and do comparisons, but she can revisit the reliability checking issue. She hopes to be able to run analyses comparing this exam and the clerkship exam scores.

Drew is incorporating more standardized patient experiences into the curriculum; this may result in changes in their students’ CPX scores. The fact that there is a Consortium that oversees case development, SP training, etc. makes the CPX a better evaluation instrument.

Information about this exam is mailed to the students, explaining the different components, the logistics, and the grading criteria of the exam. They are also oriented for 30 minutes before starting the exam. However, most students do not spend time preparing or studying for the exam.

**CPX Remediation - Dr. Christiani**

Dr. Christiani presented information about the students who failed the CPX, the remediation plan, and how this is relevant to the Step II Clinical Skills Exam.

**Discussion**

Currently, students are not required to pass the Step II Clinical Skills Exam; although they are required to sit for the exam. This decision was made because the exam has not been validated yet and more data need to be reviewed before passing the exam can become a requirement.

Dr. Christiani informed the committee that the exam sites are already booked through December. Students can cancel their exam date for a fee of about $100. If a student fails the exam, there is a cool-down period of 60 days before they can retake the exam. An adjusted analysis is done to determine the pass/fail cut off. Everything that Dr. Christiani presented today is public domain.

Dr. Chodosh commented that the remediation process that as presented is highly valuable for medical students. Students are doing more clinical problem solving in the first and second years. Dr. Guiton mentioned that they are trying to change the standard deviation grading criteria of the CPX to a criterion-based decision.

Dr. Stuber thanked Drs. Christiani and Guiton for their presentations, and the committee members for the lively discussion and wonderful feedback.

The meeting adjourned at 6:30pm.