Minutes: Meeting of August 10, 2005

Present:
Drs. Joshua Chodosh, Ronald Edelstein, Hugh Gelabert, Theodore Hall, Shaleen Metten, Mark Noah, Dotun Ogunyemi, Susan Stangl, Margaret Stuber (Co-Chair), Jan Tillisch, John Tormey (Co-Chair), and LuAnn Wilkerson.

Students: Jonathan Abelson, Aron Bruhn, and Steve Rad.

Guests: Dr. Michael Zucker and Pat Anaya and Gezelle Miller.

Minutes of July meeting

The minutes were approved as written.

Information items

Charge to Grading Taskforce

Per the MEC’s request, a Grading System Taskforce was organized. Dr. Edelstein confirmed that Dr. Peregrina Arciaga would be representing Drew in the Taskforce. The first meeting should be scheduled for the end of August, and the Taskforce will need to report to the MEC by its November meeting for its approval. Then the FEC needs to give its final approval before being implemented for the Class of 2010. It would affect the Class of 2008 and 2009 only if there was a unanimous decision by the entire Class. For details regarding the charge and membership information, please review the attachment.

First year block chairs decide not to award Letters of Distinction in 2005-6

The Letter of Distinction (LOD) guidelines were developed and approved by the faculty about 10 years ago. The guidelines stated that the course chair would decide how many LODs would be given, if at all, in their course. The only requirement was that each course needed to make the criteria very clear to the students in advance.

About two months ago, the Human Biology and Disease Committee had a discussion about LODs and there was widespread concern, especially from the first year Block Chairs, about how well the LODs were working and whether they were in the best interest of the curriculum. Therefore after much discussion, the first year Block Chairs decided that they would not award LODs for this coming year. Dr. Noah recommended that there be a notation made in the MSPE that for this academic year, the LODs were not available in the first year courses.

Teaching and integrating gross anatomy and radiology in the first and third years

- Drs. Hall, Zucker and Metten

Dr. Hall reported that Radiology is in a new phase of development. Thanks to Drs. Metten and Zucker, there will be more Radiology in the first year curriculum. Radiology is something that students, residents and faculty are using on a regular basis, and it will
help students if they get a firm Radiology foundation throughout their medical school curriculum rather than waiting until the third or fourth years. There are more opportunities to integrate more Radiology into the first two years, and the hope is to have a thread that runs all the way through the medical school curriculum with different emphasis in different parts of the curriculum.

Dr. Zucker reviewed his presentation slides, which are examples of how one can begin teaching Radiology in the first year and advance over the next three years following the radiology thread. The same case will be used throughout but the objectives will vary from year to year. Please review the attached slides for details.

**Discussion**

The year 3 radiology materials discussed in the presentation will be part of third year clerkship in radiology or in the lecture series. What they anticipate happening is that the current course in radiology will reflect some of what is going on in the first year. Dr. Hall mentioned that they really need the other clerkship chairs to give them an idea of what clinical problems are relevant to them. It will still be a lecture series with didactic, interactive case presentations but there will be a more defined curriculum.

Dr. Metten explained that Dr. Zucker has been given a half-day release time starting July 1st. He has been working with Dr. Metten from 12-5pm on Fridays. Block 1 begins with a radiology presentation by Dr. Zucker that is more of an introduction to radiology. He has incorporated information that will relate to general pathology principles that will be discussed in Block 1. Students have already evaluated this for Dr. Metten, and they loved it. This will be a great beginning. In the histopathology lab, there is a 30-minute wrap up time at the end, and Dr. Zucker has given images to go with each of these lab sessions.

Block 2 will begin with a two hour imaging lab that Dr. Zucker is developing. It will orient students and give them time to interact. Dr. Hall is working out a plan to have a radiology resident in each of the anatomy labs. Then there will be imaging in the heart lab that Drs. Metten and Tillisch are working on, and at the end of Block 2, there will be a review session in radiology. Block 2 will be very well based in radiology.

Block 7 is redesigning their lab and they would like to incorporate radiology components in each of these labs. This will result in moving radiology into the second year. There are plans to have a computer at each of the dissection tables in the gross anatomy lab. This will be great for radiology integration. There will also be self-assessment tools with each set of Dr. Zucker’s PowerPoint materials.

Dr. Hall commented that radiology is not covered much in the first two years in medical schools around the country and many schools are trying to expand the radiology curriculum. However, they do not have the kind of opportunity that is available here at UCLA. These new plans are innovations and ahead of the game.

Dr. Stangl thought the two cases in Year 3 OSCE would lend well to films. Dr. Stangl will be in contact with Drs. Metten and Zucker for images. Dr. Hall shared about the
Image of the Week where he sends out cases electronically to the first-year Class that relates to what is being covered in the curriculum for students to guess. This will begin in Block 2.

There are radiographs and other kinds of images already embedded in the PBL cases. Faculty who are responsible for running the PBL portion of the blocks should be asked to take a look to be sure that they are capitalizing on what students are learning in these settings in regards to imaging. There may be more new opportunities in the first and second year curriculum, and this could be discussed in HB&D. Dr. Stangl added that more than be done in Doctoring in the first year also. In the future, HB&D may need to think about adding more lecture time for Dr. Zucker in the curriculum, especially earlier in the blocks.

**Should MEC change its modus operandi as its emphasis shifts from curricular change to curricular management? - Dr. Stuber et al,**

This agenda item came out of last month’s meeting. The committee members will need to think about what the MEC is about and what it is trying to do. Our goal for the last couple of years was very clear, which was to implement the new curriculum and get reaccreditation from the LCME. Now that these goals are met, what are the next goals? Dr. Stuber also wanted to look at the ground rules to know not only what the committee needs to do but also how it will go about doing them. One of the goals is to be able to actively discuss opinions in a setting of safety. To be able to do this, there needs to be a clear understanding of the ground rules and know what the overall objective is as a committee. For example, maybe the committee does not need to be given all of the information that is presented at these meetings. Perhaps information that is not action item related should not be presented.

Dr. Wilkerson commented that when there are decisions to be made, it is easy to determine what should be on the agenda. What should be done with agenda items that do not require approval from this committee but are only informational? Dr. Stangl suggested posting such information and announcements on the MEC website. She thought the committee may not need to meet every month. Aron Bruhn added that there could be an online blog in order to discuss issues online rather than in person. He felt that some informational items are important and need to be communicated to this committee.

Dr. Metten thought it might time to hold HB&D accountable for what they are accomplishing in the new curriculum now that it has been successfully implemented. She thought the MEC should make sure that all content is being appropriately covered and tackle issues such as different blocks not having room for different content.

The following questions may need to be answered: Are the subcommittees addressing issues that the MEC feels as though they should be addressing? For example, is what was originally conceived to be the layout of the two years of the HB&D curriculum being adequately addressed by what the various block chairs have put together? Is it time to consider adjustments? The HB&D committee has not addresses these matters. Perhaps
there needs to be a small taskforce interacting with the MEC, and the HB&D committee should be charged with such tasks.

At one of the HB&D Committee meetings, one of the block chairs asked if the sequence of blocks should be changed. This type of issue is something that must be discussed at the MEC level and perhaps is something that the MEC should take a careful look at what the implications might be in changing the sequence. Policies must have final approval by the FEC.

An issue can trickle upwards from one of the subcommittees, but the MEC should be taking some initiative in making assignments to the subcommittees.

Dr. Stuber asked what type of data the MEC would like to receive in order to operate during these “peaceful” times. Dr. Tillisch thought there should be a timeline of repetitive examination of our product. He was not sure how the agenda items were generated and felt that ground rules should be established of what needs to be examined and what data will be accepted as part of this examination. He thought the committee should wait for one more cycle of HB&D to begin examination of that curriculum.

Dr. Noah added that when there are changes made to the curriculum, the committee should determine how it will go about measuring the outcome and generate questions as they are planning the changes. This needs to be incorporated in the change process. Once this has been identify then these are the things that needs to be followed up by this committee. Hard numbers or outcomes should be presented in a way that the committee is comfortable with.

Dr. Wilkerson reported that evaluation tools for every single graduation competency for the LCME were identified. There is a lot of data that can be looked at. Occasionally, some data is presented to this committee but that has not worked very well. She thought that Dr. Noah was suggesting that unless the committee asks a question for which that data is relevant, the committee would not hear it. This might be a new way of operating. She thought the committee members should review the first answer of the LCME document to know what data has already been collected. This may be a nice first step.

Dr. Tormey suggested having the committee members self select into special interest groups, which will meet every other month, to delve into the data as a small group. Dr. Wilkerson thought that this list of available data could serve as a dictionary so that if there are questions that need to be looked at, the committee will know what is already available and see if there are more data that need to be collected.

Dr. Tillisch thought that the committee should look at if the changes in Year 3 and 4 have met the desired results. For example, is having an ambulatory block better than how it was before with having just internal medicine? Is the fourth year more productive now with the colleges?
The committee should make sure that the original intended goal has been met with these curricular changes. Dr. Stangl thought that we should look at if the third year is really building on what students know in the new first and second year curriculum.

Dr. Chodosh felt that it was important to find out how our graduates do. There are alumni surveys administered to graduates who have graduated one, five and ten years.

The original charge to this committee was to develop an educational missions statement and a set of objectives for the curriculum. There is a mission statement and Dr. Tormey asked if the committee would like to review it and make changes.

One of the successes of a medical school is that it can guarantee that they produce a good product in their students that they are able to successful in residency and in their careers. In response to this, Dr. Tillisch thought data could be collected from the program directors about how the house officers from UCLA are doing in their programs. Dr. Wilkerson responded that this data is already available. If the committee members can generate questions that they think they should be discussing as a committee, Dr. Wilkerson can sort through the data to see what is already available and what needs to be evaluated.

Dr. Metten thought that there needs to be more done with student professionalism. She was not sure if this is being communicated clearly throughout the year. She felt that students were not professional when it came to evaluating courses and faculty. She wondered if this should be addressed by this committee. She also felt that students are still in that competitive undergraduate mind set rather than trying to work collaboratively with their peers. Dr. Wilkerson suggested doing a qualitative analysis of students’ evaluation comments.

Dr. Chodosh thought there might be some opportunities of rethinking the admissions process. Jonathan Abelson and Aron Bruhn felt that it is very difficult to teach professionalism to students. Steve Rad felt that students should be reminded about professionalism beyond what is already being done. It should be formally taught as part of clinical reasoning or Doctoring.

Dr. Noah suggested adding a below the line comments section in the evaluation form for students to complete. Some wondered if students knew what actually happens with these evaluations. They may not be aware of the fact that these evaluations go into faculty members’ records and dossiers.

Dr. Tillisch felt that this is an entitlement issue. Dr. Stuber felt that it is important for students to learn cooperative learning. Aron Bruhn mentioned that the interactions among students are great in the third year. He wondered if there was a way to bring that down to the first two years. Teamwork is something that students need to learn. Expectations of professional behavior should be clearly stated to all of the students and to faculty so that everyone is on the same page.
Steve Rad thought Drs. Parker and Wilkerson should have a lecture on professionalism then this should be reinforced in the blocks. Dr. Metten thought that it would be a great idea if second year students could talk to first year students about professionalism. Aron thought third years would be better suited for this.

There is data that Dr. Wilkerson can bring back around this question of professionalism. This can be put on the agenda, and she can recruit some help to look as professionalism ratings for third year students, how professionalism is rated in other places in the first two years, and the qualitative analysis of students’ narrative comments in the courses. The committee should look at data to see if there really is a problem with professionalism before we discuss solutions.

**Report from Drew - Dr. Edelstein**

Dr. Edelstein reported that August 11 is the 40th Anniversary of the Civil Unrest in Watts (Watts Riot).

He also reported that recommendations were made to close the pediatric intensive care unit, neonatal unit and inpatient unit, and inpatient-outpatient obstetrical services. Another report by Dr. Garthwait and Dr. Yoshikawa indicated that things were changing at Drew for the better. Four new permanent chairs were recruited, and things are moving in the right direction. DHS is going to recommend that King Drew remain an academic medical center. Today, there was a meeting with the Health Advisory Board, which had a vote of 6 to 1 against these recommendations. There will be more political fights.

Dr. Edelstein reminded the committee that Drew passed the LCME site visit with no citations. The medical students education is going strong. They received CMS approval in January. They also received ACCME accreditation in July for four years with one commendation. The ACGME have moved their site visit to January, which is seen as a positive change. JACO will come when they are called, which will probably be in January or February. Dr. Edelstein encouraged everyone to look at the big picture and not only at the specific reports.

The meeting was adjourned at 6:30pm.