Minutes: Meeting of November 16, 2005

Present:
Drs. Craig Byus, Joshua Chodosh, Wendy Coates, Ronald Edelstein, Hugh Gelabert, Theodore Hall, Joan Kaplowitz, Sally Krasne, Shaleen Metten, Mark Noah, Dotun Ogunyemi, Neil Parker, Randolph Steadman, Margaret Stuber (Co-Chair), Jan Tillisch, John Tormey (Co-Chair), and LuAnn Wilkerson.

Students: Aron Bruhn, Justin Cheongsiatmoy, Ali Mohammed Khan, and Steve Rad.

Guests: Drs. Sue Baillie and Hy Doyle, and Pat Anaya, Gezelle Miller, and Meredith Szumski

Minutes of October Meeting

The minutes were approved as written.

FEC Action on Grading System

At the last meeting, the MEC unanimously approved that there would no longer be Letters of Distinction (LOD) in the first two years. LODs would continue to be awarded in the third year and they would continue not being awarded in the fourth year. Drs. Stuber and Tormey reported to the FEC and they approved the MEC’s decision with a vote of 6 to 2.

However, a couple of the FEC members asked if the MEC would consider a modified form of the LODs in the first two years, which might be given to students who have distinguished themselves consistently throughout each year. If the MEC agrees to reconsider, the Grading System Taskforce will meet again to discuss the details and bring back a proposal for the MEC to consider. Aron Bruhn was in favor of this idea. He mentioned that he and Jon Abelson felt that having LODs in the first two year was appropriate but that they could not attend the second Taskforce meeting. Dr. Baillie reported that there are some second year course chairs who would like to be included in the discussion. She was asked to provide names to Drs. Stuber and Tormey. It was decided that the Taskforce would be expanded and meet again to discuss this issue further.

Administrative Issues for HB&D Curriculum

In continuation of the discussion from last month’s meeting, Dr. Stuber made several proposals to the MEC. After reviewing her proposals, the MEC made revisions and approved all of the revised proposals as procedures (see below):

#1 -- Quality Improvement

- Each course will be reviewed at least every four years and presented to the MEC for approval.
- HB&D Committee will review first and second year courses.
- Clerkship Chairs Committee will review the third year courses.
- The College Chairs Committee will review the fourth year courses.
Approved unanimously

#2 -- Conflict Prevention/Mediation

- First line is always direct conversation (email often does not help).
- The Dean’s Office will act as first mediator if needed.
- MEC will render a decision if it cannot be mediated.
- FEC is the final authority.

Dr. Metten mentioned that if the Block and Thread Chairs have equal level of authority, this has never been established or communicated before. Dr. Stuber thought that this could be discussed at a later time and have roles more clearly defined.

#3 -- Interdisciplinary Course Chairs and Thread Chairs

- Appointed for one year at a time (subject to renewal)
- Chosen and renewed jointly by
  - MEC (represented by the Co-Chairs)
  - Dean’s Office (Drs. Wilkerson and Robinson)
  - Department(s) (Chairman or VC for Education)

Approved unanimously

Proposed Curriculum Modification at UCR - Dr. Byus

UCR is proposing to put bone histology and anatomy into Block 3 and to put rheumatology into Block 6. UCLA’s Block 4 and 5 Course Chairs liked this idea and are considering similar changes as well. The reason why the MEC needs to consider these changes is that these changes will shorten their academic year by a week. UCR would like to implement this in the new year as Block 3 begins in January.

This proposal was unanimously approved by the MEC.

News from Drew - Dr. Edelstein

Dr. Edelstein reported that things are going well at Drew and at King Drew Medical Center. The new CEO and the new Chief Nursing Officer are in place. The new COO will be coming in December, and 12 new nurses were hired last week. The ACGME site visit is on January 17th, CMS site visit will be in January or February, and JCAHO site visit will take place after that.

On the Drew side, they are developing contingency plans in case Martin Luther King Hospital is closed. These plans are under way and will be ready for implementation if necessary. However, Dr. Edelstein was confident that they would pass all upcoming accreditations and that Drew would continue to flourish.
Charge to Clerkship Taskforce

At the October meeting, the MEC agreed that a Taskforce would be organized. However, the MEC needs to come to an agreement of what the charge would be. Following are some of the questions the MEC thought the Taskforce could address:

- What approaches to clinical training have been tried in other schools, and how well have they worked?
- Could we do any of these alternatives with current facilities and resources?
- Is there evidence that a different approach would be better?

Innovations at Other Medical Schools

Dr. Stuber shared some of the hot topics discussed at the AAMC meeting, in particular, innovations for the third year curriculum from Florida State and Cambridge Hospital at Harvard.

Florida State

- Emphasis is on ambulatory and longitudinal follow up.
- All Year 3 students spend a half-day a week in doctoring and have a weekly longitudinal clinical experience.
- Throughout the time, they have three weeks of a variety of health care settings with the majority of each clerkship being ambulatory and community based. Only about 26% of the clinical experience is inpatient.
- They have a very high satisfaction rating.
- They have about the same score levels on the shelf exam.
- Florida State was founded as a brand new medical school based on the region’s need for community-based training and care

Cambridge Hospital at Harvard

- Emphasis is on ambulatory and longitudinal follow up.
- This is a pilot program with only eight students.
- Each student spends time in a longitudinal, integrated clerkship with an emphasis on continuity of care and supervision.
- They spend a fair amount of time in clinic, but they pick up patients in each of these clinics and follow them over time wherever hey go at Cambridge Hospital.
- Their supervisors are all faculty at the Cambridge Hospital.

Dr. Stuber explained that the goals of this program are to allow students to have a good sense of the patient and the patient’s experience as well as to have a longitudinal course for chronic illnesses. Dr. Wilkerson mentioned that their original goal was to fix the problem of the sporadic interaction between faculty and students.

Dr. Noah stated that in looking at these different programs, it is important to look at what the institution’s mission is. We need to look at our own mission and determine that what we are doing is well-aligned with it. He also commented that we need to figure out what
type of continuity we are looking for. There are more models such as Drew, University of Connecticut (inpatient medicine), UCSF (inpatient medicine), and University of Texas. Some of the models were discussed at the meeting.

The MEC agreed that a Taskforce should be organized and charged. Members were asked to contact Drs. Stuber and Tormey if they are interested in participating in this Taskforce.

The meeting was adjourned at 6:30pm.