Minutes: Meeting of August 9, 2006

Present:
Drs. Byus, Edelstein, Krasne, Metten, Noah, Parker, Sofroniew, Steadman, Tormey and Wilkerson.

Students: Justin Cheongsiatmoy MSII, Kevin Koo MSIII, and Vandai Le MSII

Guest: Dr. Joshua Goldhaber

Staff: Pat Anaya, Louise Howard and Gezelle Miller

Sequencing of HB&D Courses

Recent changes to Blocks 4 & 5 and the addition of the Musculoskeletal Block has offered the opportunity to consider the sequencing of the courses in years 1 and 2. The Neurosciences Blocks, previously contiguous at the end of year 1 are now one each in years 1 and 2 and are now Medical Neurosciences 1 and 2. Year 1 will end about one month earlier and Year 2 will begin in August rather than in September. In order to avoid splitting any block over the winter holiday, the second block of the 2nd year fall must be 8 weeks in duration; therefore the choices for year 2 second and last blocks are GI, Endo, Repro 2; CVS, Renal, & Respiratory 2; or Medical Neurosciences 2. However, there was some agreement that Medical Neurosciences 2 would not be appropriate as the final block of the year.

Dr. Goldhaber recalled that when he and Dr. Tormey were explaining the new curriculum to departments and the administration, the blocks of the two years were in parallel in time and sequence. He felt that there was an appropriate logic and symmetry; but at some point the courses became "un-sequenced." It has been suggested that scheduling CVS, Renal, Respiratory 1 and 2 at the same time would create some difficulty for faculty, but feels that in reality there is not too much overlap and that there would be better opportunities to link topics to the first year course. He noted that students focus on Boards and year 3 at the end of year 2. The clinical focus of the course is good, but he would like to draw on more basic science. Blocks should not be in a certain sequence for just for convenience. He added that the block would be disadvantaged, and the delay of 16 months between first and second pass is too long. The delay between other courses is 8-9 months.

Dr. Tormey clarified that in his view, in the original presentations of the new curriculum, the same-sequence of courses was just assumed but had not really been planned at that point in time. He suggested that CVS, Renal and Respiratory are the most compelling topics to finish up the second year.

Our third year student representative agreed that students’ attention is drawn toward Boards and the third year, but he added that his class had very good attendance throughout the CVS, Renal & Respiratory (CRR) block (although this was not true during the Review Block-9). He added that the Cardiovascular, Renal, Respiratory 2 course is very good and it really holds students’ focus.
Dr. Krasne added that the CRR block is more clinical and the teaching is more conceptual than Endocrinology, GI & Dermatology. She asked whether there is a rationale for having one block or the other in the last slot to facilitate the transition to the third year, but there are fixed rotations and students start on all of the different clerkships. The CVS, Renal & Respiratory course content is helpful in "bringing everything together" and getting ready for "wards and Boards." Dr. Stuber added that Medical Neuroscience is less appropriate for last block because it doesn’t support clinical thinking.

Dr. Byus said that his faculty at UCR did not have any attendance problem at the end of the second year and they follow the same course sequence as UCLA. He added that it would be impossible at UCR to run both first and second year CVS, Renal & Respiratory courses in the same months in terms of overlapping faculty. They also believe that it is important to keep the same sequence and content as the UCLA curriculum.

When asked what he would change if the CVS, Renal & Respiratory course were earlier, Dr. Goldhaber responded that he would continue the PBL structure, including Best Bets (in fact it is a good format for the entire second year), and maintain the same core material. In either position, they would like to re-introduce basic science taught in earlier blocks, making better connections; this would be better accomplished if the two CRR blocks were temporally closer together.

### Year 2 Sequence Options Summary

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It was moved the sequence diagrammed as option 2 will apply to the second year curriculum starting 2007-8:
- Foundations 2
- GI, Endocrine & Reproductive Medicine 2;
- Medical Neuroscience 2
- Cardiovascular, Renal & Respiratory Medicine 2.
The motion was seconded and passed by unanimous vote.

**PDA requirement, Year 2 - Dr. Parker**

Dr. Parker reminded members that there must always be a curricular requirement in place in order for students to be required to purchase any equipment/text/etc. Such was the case
when students were required to purchase a computer for use in year 1 and a PDA for use in year 3. It is a Federal requirement in order for an item to be in the student budget for financial aid that the item is required by the school for use in the curriculum.

At the HB&D Course Chairs meeting, it was established that there would be curricular components requiring students to use a PDA. This will take effect in January 2007 for the Class of 2009. PDAs will be required for PBL cases, Pharmacology workshops, Epocrates etc.

This will be explored again in the near future as it is anticipated that PDAs will be required for the entire second year curriculum effective next Fall 2007. Student members questioned whether there will be sufficient reason for having a PDA, but the faculty has considered the programs available and those they are developing and feel that it should be a required component of the second year.

It was moved **PDAs will be required for all second year students by January 2007.** The motion was seconded and passed on unanimous vote.

**PRIME - Dr. Alan Robinson**

Dr. Robinson shared with MEC members news about Infrastructure and enrollment initiatives affecting UCLA. He requested that the Committee consider proposed concepts so that they can move forward developing the plans.

Dr. Michael Drake, when at UCOP, was very interested in increasing diversity at UC. A UCOP program at UCI Medical School, PRIME, is directed at Latino Health. Students enter UCI Medical School with an interest in Latino Health and spend a 5th year to complete a Master of Science degree. The program includes a medically-related Spanish-speaking immersion experience in Mexico. The Legislature and UCOP felt this was a positive idea, and suggested that PRIME Programs be established on all campuses, and that all include a 5th year and a second degree.

The idea was discussed at UCLA, but the opinion was that it is very similar to the Drew Program and the new mission at UCR (rural). Additionally, the physical plant at UCLA is not adequate to accommodate an enrollment increase of 16 students per LCME restrictions. It did not seem to be a feasible program for UCLA.

Subsequently, the Governor introduced a bond issue to improve the general infrastructure of education, from Kindergarten through graduate school -- $10.4 billion; some funds for Medicare and $2illion for California to support telemedicine. When the proposal was discussed at UC, it was apparent that the Governor interpreted telemedicine as doctor-to-patient care by video/sound connection (a billable patient visit). Funding would be among the five campuses--$30-40million per campus, although funds may not be divided equally.

The current situation is that the LCME declared that the School could not increase enrollment in the present physical plant. The new medical education building will be proposed to the Regents in the fall and funding would be available in 2007-08, and in
reality, building might start by the end of 2008. This would be too late to utilize the infrastructure dollars on the table in order to start the PRIME program. A Committee has been established to begin planning a PRIME Program to start with the class entering in 2008. After moving the hospital across the street to the new building, the School of Medicine will be given substantial space on the first floor along the seven corridor. It will not be possible to do a lot of reconstruction, but the existing space will accommodate conference rooms, a simulation center and administrative space. This would justify the addition of 16 students to the LCME.

Just two weeks prior, the Dean’s Office was informed at 4 pm that by August 15, a PRIME project would have to be approved before a grant could be submitted. Since that meeting and after several conversations, it was felt that UCLA could not admit a larger class until 2008, but by then, the infrastructure funds would not be available as well at the $40 million from the current grant. Drs. Robinson, Wilkerson and Parker had already been studying floor plans for a new Medical Education Building on the site of the Crump Building, determining whether all of the required facilities could be fit on that footprint and how many stories would be required. It would be a "smart" building with "smart" classrooms. Thus, they already had a detailed plan in progress. Robotic Surgery is planned for the OR suite in the new medical education building.

Dr. Phyllis Guze has been recruited to conduct the studies and planning; she recently stepped down as Chair of Medicine at WLA VA. Dr. Guze has established a committee and planning is in progress. It is helpful to already have the Drew and Riverside Programs, each with a special mission to train physicians who will care for underserved populations. Admission to the program will require a commitment to medical disparity as well as research and education. There are existing Masters Degree programs.

Dr. Wilkerson reported that all students would take the same curriculum, i.e., the Human Biology & Disease curriculum, the clinical rotations and the medical college electives. There would also be a pre-matriculation program including team-building exercises. Specific underserved- and disparity-focused selectives (including Telemedicine) would be developed, and students in the new program would choose from these courses. Between years 1 and 2, an immersion experience in research, Spanish, or other relevant area would be required of students in the program. PBL cases rewritten to focus on these special themes would bring the message to entire class. Current cases can be rewritten over the next two years.

During the third year, students in PRIME would emphasize county hospitals in their site choices and their Longitudinal Preceptorship experiences would involve telemedicine or be located in an underserved community.

In the fourth year, PRIME students, while enrolled in the Masters Degree Program, would also participate in the Medical Leadership College, attending its seminar series as well as the mentoring system.

The fifth year would consist of electives in both management and clinical practice. Their Senior Scholarship Day research question would center around disparity or telemedicine.
Dr. Parker suggested instituting some ways for the GME and CME to help foster these precepts – training the trainers of future physicians. Also several of our graduates who are now faculty were suggested as participants and mentors: Rumi Cader, Elena Rios, David Carlisle, Daphne Calmes, et al. Perhaps the Medical Leadership College Advisory Board could be used to work on this area.

The new program is currently called: PRIME UR – US (PRIME – Urban - Rural Underserved)

Discussion: PRIME students would be selected through the regular enrollment process, 16 additional students, raising the number from about 169 to 185. In 10 years, there would be over 168 graduates.

It would be good for the entire class to have experience using telemedicine so that it would become a way of life for the next generation of physicians. Dr. Noah noted that some third-year rotations are rather tightly scheduled now, so how would be additional students be accommodated for clinical training? Dr. Robinson responded that the Contingency Plan that was developed in case Harbor or Olive View (or both) had been closed by the County a few years ago could be implemented. Pediatrics and Ob-Gyn are working on developing new sites. Dr. Parker reported that the Clinical Education Task Force is re-studying the questions of where students should be learning clinical skills, what the third and fourth years should consist of, etc. The group is putting pedagogy first in its deliberations.

At UC Davis outreach in pediatrics is the major use of telemedicine. A Pediatrician sits at a desk and "sees" patients. OB is considering using telemedicine for prenatal visits. Using Telemedicine and teleconferencing, teaching could be delivered anywhere. PBL cases, for example, could represent a rural setting and how physicians interact with a patient. Dr. Metten suggested that the challenge in the new curriculum will be to get clinical space.

It was moved to approve the concept of the PRIME program, including increased enrollment in 2008 with the stipulation that the leadership must return to the MEC to present further details if there is support from UCOP. The motion was seconded and approved unanimously.

Drew Update

Dr. Edelstein reported that they are cautiously optimistic at MLK regarding the outcome of the CMS study of the hospital for the last two weeks. They expect to learn results in about two weeks.

Dr. Louis Cregler is the new Dean at Drew. He made a special trip to attend the White Coat Ceremony in August, and will officially begin in September. Dr. Susan Kelley is the new President at Drew.

2006 marks the 25th anniversary of the 1st class of Drew students, enrolled in 1981.
UCR Update

Dr. Craig Byus reported that they presented the new second-year curriculum for the first time last year and it went well. Students scored well on Step 2. At some future meeting he will present information on the Medical Scholars support to underserved communities.

They shifted from the three-year accelerated program to a regular admissions program and accepted a new class under the new format. Any student who attended UCR for two years in pursuit of a degree was eligible to apply. The make up of the class this year is very different, including students with Masters Degrees.

They received $1.6 million from the California Wellness Endowment directed at increasing academic success for disadvantaged students. About 60% of their students are URM (15-20 students).

The meeting was adjourned 6:35 pm