Minutes: Meeting of February 8, 2006

Present:
Drs. Joshua Chodosh, Wendy Coates, Ronald Edelstein, Hugh Gelabert, Theodore Hall, Joan Kaplowitz, Shaleen Metten, Mark Noah, Neil Parker, Susan Stangl, Randolph Steadman, Margaret Stuber (Co-Chair), Jan Tillisch, and John Tormey (Co-Chair).

Students: Aron Bruhn, Justin Cheongsiatmoy, and Ali Khan.

Guests: Drs. Sue Baillie, Hy Doyle, Paula Henderson, and Carl Stevens, and Pat Anaya, Joyce Fried, Louise Howard, Phil Klein, and Meredith Szumski.

Cultural Competency Grant & Objectives - Dr. Paula Henderson

Dr. Henderson reported that we are in the second year of a NIH grant on health disparities research and medical education, whose purpose is to develop a cultural competencies curriculum. See attached overview of grant. During the first year of the grant, educational objectives have been developed using a delphi process. Dr. Henderson then reviewed these objectives with the MEC for approval. (See attached handout.)

Discussion

Several members had wordsmithing suggestions to make certain objectives clearer. Dr. Henderson welcomed any suggestions from the MEC and will revise the objectives in order to make them as clear as possible. Dr. Parker suggested not categorizing the objectives into domains.

It was moved to endorse the objectives for curriculum development for cultural competency. The motion was seconded and unanimously approved. Dr. Stuber stated that the MEC would look forward to hearing progress reports from Dr. Henderson in the future.

Revised Schedule of Blocks for Human Biology & Disease

Dr. Tormey shared that the Neuromusculoskeletal block was supposed to span two years occupying approximately 8 weeks in the first year and 8 weeks in the second year. When the block chairs began making concrete plans, they proposed that the block be a continuum of 14 weeks of instruction rather than 16 weeks. This decision led to the first year curriculum beginning in August and ending in late June/early July, and the second year beginning in September and ending in April. The very long first year curriculum was very taxing on both students and faculty. Also, the School ended up with disequilibrium, and musculoskeletal system was overlooked. The curriculum did not work.

Dr. Stuber met with a group of faculty from UCLA and UCR, and this group decided that UCLA would explore the possibility of separating out musculoskeletal system from clinical neurosciences and see if in doing so they might be able to clarify, improve, and appropriately organized the distribution of the first and second year curriculum.
Dr. Stuber distributed handouts of the proposal. (Please see attached description and schedule for details.) Dr. Stuber commented that if the School wants to implement the changes beginning with the Class of 2010, then the applicants need to know about the change as soon as possible (early March). If the MEC approves the proposal, it will be taken to the FEC for final approval later this month.

Dr. Stangl stated that not everyone in HB&D Committee seemed to favor this proposal and that she was concerned about rushing into a decision when there is not a buy in from everyone involved. Dr. Tormey informed the committee that proposal was presented at the HB&D Committee meeting, which was well attended by students and committee members. He reported that all of the blocks were represented except for one, and the proposal was unanimously approved by everyone there.

Dr. Stuber added that concerns were raised by the block chairs of the block that was not present at the HB&D Committee meeting and that they did not have all of the information before the emails were sent. Dr. Tillisch stated that the proposal seemed to be a logical approach without any major deficits that can be seen. However, the concept of introducing a new block because of a failure of a marriage of that block to its partners is something that he is concerned about. He wanted the MEC to resist future attempts to carve out certain aspects from the block in order to create a new block. With that said, Dr. Tillisch felt that the proposed schedule would create a more sensible curriculum.

Dr. Stangl suggested making it a 10-week block and she was still concerned about the rush. Dr. Stuber responded by saying that the MEC can decide to implement this now or wait another year. Dr. Metten commented that this proposal did not stem from people’s need to carve out a certain aspect of the curriculum from the block. There were great attempts made to integrate, however, they faced major problems. They ended up having a lot of anatomy when they tried to integrate all of the limbs, the back, the head and neck with neuroanatomy. Another problem was that it was difficult to teach neurology when they have not covered the central nervous system and completed all of the cranial nerve material. Dr. Metten felt that this change would pull together topics that will help students gel concepts that they have had difficulty doing so with the current structure.

Dr. Noah questioned how this would affect students’ ability to participate in research opportunities. Dr. Stuber responded that there would not be any change in the amount of scheduled instruction time. This proposal would revert back to the schedule the School had two years ago in regards to the summer between the first and second year. The summer would take place in June and July with this proposal instead of July and August. One of the inconveniences might be finding faculty to teach during the month of August. This change would also make the summer break inconsistent with the NIH summer fellowships. However, because only a few students participate, this is not a major inconvenience.

Dr. Parker felt that having a more balanced first and second year would benefit the students more. The only disadvantage is that our students may not be able to participate in other schools’ offerings during the first summer. Dr. Stuber added that the Integrated
Block would be shortened or eliminated under this proposal. It will be one week long either to integrate or to review materials. She added that it is very difficult to get students to pay attention to any new material due to USMLE at the end of the second year and so they are proposing a week of review instead. There will not be a one or two week block to pull everything together. Dr. Farrell who is the Chair of the Integrated Block was present at the HB&D meeting and did not voice any objections to this proposal.

Dr. Sofroniew commented that this proposal has been something that has been in discussion for a long time even though it may seem as though they are rushing for an approval. In order to avoid two rounds of curricular change, they would like to get an approval for implemented with the Class of 2010.

The first year student representative commented that having Neuroscience in both years makes more sense as well as to have musculoskeletal more separate since it is easier to learn it that way. Dr. Stangl wondered if calling the 5-week block Musculoskeletal Block is a good idea. Psychiatry and behavioral sciences will be included in both years. The goal is to make things as integrated as possible and the Dean’s Office will monitor the blocks and the planners so that they are in continuous discussion as planning moves forward.

**Dr. Noah moved to approve the curriculum as proposed beginning with the Class of 2010.** Dr. Tormey mentioned that calendar is subject to minor modifications. The members would be not voting on the precise schedule of the proposed calendar, but on the concepts represented in the proposal. The motion was seconded and unanimously approved.

**Minutes**

The minutes were approved as written.

**Should all students be expected to demonstrate specific competencies in written communication before graduation?**

(A.k.a. case for "Nutrition Bytes", continued from January) - **Dr. Stevens**

Dr. Stevens asked the MEC to consider the following questions:

1. Is a piece of prose writing a valuable element of the curriculum regardless of the topic?
2. Is this dedicated nutrition element, Nutrition Bytes, an important part of the curriculum?
3. Do the writing exercise and/or the nutrition exercise contribute to the Graduation Competencies as written?
4. Do we need to add a new item to the Graduation Competencies on medical outcomes?

See the attached Power Point slides.
**Discussion**

Dr. Tillisch was supportive of what Dr. Stevens has proposed. However, he asked who would be responsible for giving feedback to students? He felt that the current Nutrition Bytes was not the best way to have students complete a writing exercise.

Dr. Metten felt that students would want to have a choice of the topic they are required to write about, and nutrition is such a narrow topic. If students were asked early on to select a block that contained the topic they liked, they could do the writing assignment in the blocks. Dr. Chodosh was also supportive of the proposal. He suggested narrowing it down a bit. He was concerned about when this would actually take place during their four years of medical school. He did not think the bar should be set too low, as everyone will need to learn to communicate well in the medical field. Dr. Noah also agreed that writing is a very important task. He wondered how this could be tied into the thesis project. He thought perhaps the mentorship of that program could be enlarged similar to Drew’s model. The project could be done throughout the four-year curriculum and not only in the first two years. He thought that the proposed competencies on medical outcomes were too detailed. He did not think that they were compatible to the way our current graduation competencies are written. Dr. Stevens stated that the tone is definitely different between the two.

Ali Khan asked if this writing requirement is supposed to teach students how to write or giving students opportunity to prove that they can write. He felt that writing one written summary or paper would not necessarily teach students how to write. Aron Bruhn commented that writing is very important for students to learn and should be included in the curriculum. Although nutrition is narrow in one sense, students can broaden that by focusing it on areas that they are interested in.

Dr. Tormey thought that the MEC should seriously consider folding the proposed medical outcome competencies into the existing competencies. However, he was unsure what writing a summary would accomplish in terms of addressing the issues of teaching students how to write. Dr. Coates thought the MEC should decide on the whether or not medical outcomes should be part of the graduation competency separately from whether writing is an important part of our curriculum. If the School truly feels that writing is an important aspect then it should identify faculty to be able to review and provide feedback to students. Dr. Parker commented that the proposed medical outcome competencies are actually objectives. One of the existing graduation competencies is communication and he thought that objectives should be developed for that competency.

Dr. Tillisch stated that the desired goal is not to have students learn to write better but to go through the analytic process of constructing a defense of a concept. Medical outcomes is one way to have students do that. Teaching and testing writing skills is another topic and felt that it is too late to address this issue in medical school.

Dr. Stuber felt that the committee was not convinced that Nutrition Bytes was the best way to address this issue. It was decided that a small group would be organized to figure
out what the MEC would like and come up with some specific proposals for the committee to review. Dr. Stuber asked members to contact her or Dr. Tormey if they are interested in serving on this group.

The meeting was adjourned at 6:30pm.