Minutes: Meeting of June 14, 2006

Present:
Drs. Joshua Chodosh, Chris DeVirgilio, Ronald Edelstein, Theodore Hall, Hugh Gelabert, Joan Kaplowitz, Sally Krasne, Shelley Metten, Dotun Ogunyemi, Neil Parker, Margaret Stuber (Co-Chair), Jan Tillisch, and LuAnn Wilkerson

Student: Ali Khan

Guests: Meredith Szumski.

Announcements

The MEC chairs reported to the FEC the decision of this Committee to not awarding Letters of Distinction in the first and second year blocks.

For the past year, Drew students have been taking the Neurology Clerkship at CHS. As of July, following meetings between the UCLA and Drew Clerkship Chairs and Dr. Stuber, the Neurology clerkship at Drew is reinstated. It is a three-week clerkship including neurology and neurosurgery.

Drew Update - Dr. Edelstein

The CMS review of the King Hospital will be conducted in the next ten days. Recruiting right now for four department chairs, Surgery, Radiology, Pediatrics, and Medicine. There is a contingency plan for medical students if they do not get CMS accreditation. For Drew, one possible contingency plan if they fail CMS, is that another hospital could take over. They would allow some transition time and Drew would establish relationship with the other hospital. For residency programs, they are also making relationships with other hospitals, such as an integrated Radiology program with Cedars. It is important to have contingency plans, but it is expected that they will not be needed as it is expected that Drew will pass. Navigant is out of the hospital, and they have a new CEO, Antoinette Epps, new department chairs are in place, and the County is doing surprise audits each week. They also have a new President, Susan Kelly, and a new dean, Dr. Louis Cregler, from City University of NY. They have a five plus two program, focus on undergraduate and first two years of medical school and then send them to 10 feeder schools. Which is an interesting model for Drew. They also have a new position, Dean for Academic Affairs.

Electives

Two new fourth year electives were recommended for approval from the College Chairs (posted): Addiction Psychiatry and Disaster Medicine and Emergency Response. It was moved and seconded to approve the two new elective courses. The motion was approved by a unanimous vote.

Minutes

The minutes were approved as submitted.
Match Results, Class of 2006 - Dr. Parker

Please refer to the attached presentation slides.

There are current discussions about a shortage of new physicians across the country. The number of Non US international medical graduates (IMGs) increased by 16%, and the number of US IMGs also increased. With 80-hour rule, shared positions, physician shortages, etc., there will be more residency slots, and if they are not filled by US medical graduates, there will be more IMGs in those positions.

Even though IM looks flat, there is concern there may be a deficiency in the number of primary care physicians and generalists because they may stay in general medicine or choose a subspecialty. Lifestyle, controlling your life, and remuneration are critical issues that are being talked about nationally.

UCLA Match results. About 77% will stay in California. Students are not staying at UCLA as much (only 20). The numbers for our students closely mirrored the national figures in most areas. Dr. Chodosh suggested that a more significant factor influencing students’ choices are the mentors they found and who did the most teaching, rather than whether there was a course in a particular discipline.

The NRMP no longer reports to schools how well their students matched, i.e., what percent got into their first choice, etc., but anecdotally, our students did very well. A lot of students (9) went to Stanford, Kaiser, and to Irvine. There has been a shift, and it seems to be lifestyle related; X and Y generation, number of women in medicine has changed, time for family, indebtedness (in the past, AAMC said indebtedness had no bearing on choices). Dr. Wilkerson looked at 2005 Graduation Questionnaire data: 54% said that lifestyle was a strong/very strong influence in specialty choice and the same, 54%, said that a mentor or faculty role model was a strong/very strong influence. Level of indebtedness was very low; this is not as much a factor for UCLA graduates as private school graduates.

Dr. Parker said that he is very, very happy with our students, we have great students, there is great diversity and they do so many activities. We have more students going to the HHMI and the NIH than other school in the country; more MSTP students, we have the Homeless Clinic, Venice Clinic, etc. Some students choose this school for the location, but also we have a problem based learning curriculum, a pass/fail grading system, and no letters of distinction in the first two years, etc. Students choose to come to UCLA to work hard and learn, but they also can have a balanced life, do research, etc., but when they make those kinds of choices, some faculty question why.

We’re starting to see the impact of the increased number of women. There are also generational gaps between students and faculty. When faculty are so very busy and comment on so many different things, they may not want that quality of lifestyle. There are differing philosophies. If housestaff are working 80 hours instead of 100 hours, there is a loss of 20% of the workforce. One committee recommended 15% increased in the number of students, another said about 25%, and AAMC recommends increasing by 30%
the number of medical students; thus the number of residents will increase as well. The issue of 80-hour rule has not been resolved. Also, indebtedness is an issue -- if physicians are working 60% they will be paid less. It will evolve and will not be based on curricular issues, but these kinds of societal issues. The faculty needs to be culturally competent and understand the needs of the students as well as the needs of the profession.

If residency programs could be more efficient, they might then get more of the excellent students who are looking for lifestyle choices as well. Dr. Chodosh commented on the level of commitment in some cases. LuAnn different generation and new standards, but they are placed in incredibly busy clinics with less contact with faculty, and we have standards about taking care of patients or about handing them off in a way that guarantees effectiveness, but they are not seeing the faculty do this because of limited access. One of the students patient logs, often say no faculty, it was a resident. Students are not seeing the values that the faculty hold, but rather the values that the residents, their same generation, hold. So they will likely be redefining themselves. If students are taught how to work in teams with effective handoffs, and patients are helped to understand that they are being cared for by a group, it might work very well for residents, students and patients. It might be the new paradigm. Dr. Hall suggested that more time should be given to rethinking about how schedules are created, allowing them to have a life an take care of patients, it would be helpful current faculty and the new generation of faculty.

It may be necessary to define the program that the school wants. At this time, UCLA has a generic admissions program to accept all types. Other schools have set different admissions criteria and curricular features with special tracks to graduate those kinds of physicians. These are topics that need to be discussed further.

The Drew Program selects students for a specific role. Dr. Edelstein noted that students are selected for a specific mission, and they track students at graduation and 10 years out. They find that if looking at just the one aspect of the mission, i.e., serving in underserved areas, yes, they are successful. However, it is not clear that this is due to selection or training, but is likely both working as well as working with role models who work in underserved areas in stressful conditions and do it well and in such a way that students are still attracted to fulfill the mission. Their program is also about primary care and the faculty want to do both—working in underserved areas and looking at health care disparities in research. The long-term follow up with Drew students predicts that many of them will be in academics. Of course, they can be in academic and primary care as well.

Dr. Parker noted that the state will likely be asking schools what the increased number of students should be, and whether it should be a general increase or in specific areas. If the increases will be program specific, then our school should be planning for the outcome before asked.

The meeting was adjourned.