## MEDICAL EDUCATION COMMITTEE
### MINUTES: MEETING OF DECEMBER 10, 2008

**Members Present:**
- Dr. Lynn Gordon
- Dr. Dotun Ogunyemi
- Dr. Margaret Stuber (co-chair)
- Dr. Daphne Calmes
- Dr. Jonathan Hiatt (co-chair)
- Dr. Shaleen Metten
- Dr. Michael Gorin
- Dr. John Tormey
- Dr. Catia Sternini
- Dr. LuAnn Wilkerson
- Dr. Sally Krasne
- Dr. Wendy Coates

**Students:**
- Casmir Dowd
- George Bao
- Paul Rabedeaux
- Molly Diaz
- Ali Khan
- Vandai Le
- Ajay Dharia

**Guests:**
- Dr. Richard Baker
- Dr. Robert Oye
- Rikke Ogawa
- Dr. Carl Stevens
- Joyce Fried

**Staff:**
- Regina Richter
- Gezelle Miller
- Zachary Terrell
- Margaret Govea

**Time Called to Order:** 4:32pm
**Time Adjourned:** 5:50pm

### AGENDA/NAME DISCUSSION/RECOMMENDATION ACTION

<table>
<thead>
<tr>
<th>AGENDA/NAME</th>
<th>DISCUSSION/RECOMMENDATION</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minutes of the September 10 meeting</td>
<td>The minutes were reviewed.</td>
<td>The minutes were approved.</td>
</tr>
<tr>
<td>Ophthalmology Recommendations – Drs. Lynn Gordon and Michael Gorin</td>
<td>In an effort to mainstream Ophthalmology in the medical school curriculum, it is important to emphasize eye care and vision as integral to health. Ongoing integration is key to skill and knowledge.</td>
<td>Informational</td>
</tr>
</tbody>
</table>

**Is there a need?**
1. 2007 Statewide CA-CPX exam, standardized patient: DM
   - 38% of all CA medical students didn’t ask about a retinal exam
   - 36% didn’t think to pick up an ophthalmoscope
2. Cost of Blindness in USA
   - $68 billion dollar annual impact
   - Loss of > 209,000 quality adjusted life years
   - Increased prevalence of depression
   - Increased use of skilled nursing facilities and long term care units
Increased risk of injury

Proposal for a longitudinal program –
Use Association of University Professors of Ophthalmology approved standards:
1. Target the curriculum
   • Provide a longitudinal curriculum: years 1-3
2. Integrate into existing blocks
   • Years 1-2
     • Develop systematic approach to be included in blocks
   • Year 3
     • Enhance the one-week 3rd year clerkship
     • Integration into new core clerkships
3. Avoid silos

Goal: The overall goal of the program is to teach about the eye and vision in a consistent manner, so that all graduates obtain an acceptable level of competence as defined by the national standards:
   o take a targeted history
   o perform a general eye evaluation
   o diagnose, manage, and appropriately refer individuals
     • at risk for blinding diseases
     • with ocular signs or symptoms that may lead to significant morbidity or mortality

Strategic planning will require meeting with block chairs:
   o Prepare a list of all of the proposed standards in ophthalmology and matched them to the blocks
   o Identify how ophthalmology already incorporated into the blocks
   o Suggest inclusion of additional material

Success-to-date:
   o Added lectures
   o Changed/edited existing lectures
<table>
<thead>
<tr>
<th>AGENDA/NAME</th>
<th>DISCUSSION/RECOMMENDATION</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>o Provided new slides for inclusion in non-ophthalmology lectures</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Added small group learning sessions in year 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Maintained one-week clinical block in year 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Added slit lamp teaching heads = great success</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pending issues:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Engage primary care clerkships</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Incorporate ocular history and fundus exam</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Role model for best practices</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Refine teaching materials</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Angel flash files</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Improve physical diagnosis teaching</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Consider models for teaching ophthalmoscopy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Simulator experiences for education and assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Align one-week clerkship experience with goals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Students have been resistant to buying ophthalmoscopes, citing the cost vs. use. Dr. Gordon recommended a low-end ophthalmoscope comparable to the standard Welch Allyn that would serve basic examination functions.</td>
<td></td>
</tr>
<tr>
<td>Update from Drs. Daphne Calmes and Richard Baker of Drew</td>
<td>Drew initiated a primary care longitudinal experience and cardiovascular exam workshop. Simulation activities will be increased.</td>
<td>Informational</td>
</tr>
<tr>
<td></td>
<td>Six students will begin an inpatient medicine rotation at St. Mary’s Hospital for four weeks.</td>
<td></td>
</tr>
</tbody>
</table>