**MEDICAL EDUCATION COMMITTEE**  
**MINUTES: MEETING OF JUNE 11, 2008**

**Members Present:**  
Dr. Wendy Coates  
Dr. Daphne Calmes  
Dr. Ronald Edelstein  
Dr. Michael Gorin  
Dr. Dotun Ogunyemi  
Dr. Craig Byus  
Dr. Jonathan Hiatt (co-chair)  
Dr. Lynn Gordon  
Dr. Shaleen Metten  
Dr. Mark Noah  
Dr. Catia Sternini  
Dr. Susan Stangl  
Dr. Margaret Stuber (co-chair)  
Dr. Jan Tillisch  
Dr. John Tormey  
Dr. LuAnn Wilkerson  
Dr. Jonathan Hiatt (co-chair)  
Dr. Lynn Gordon  
Dr. Shaleen Metten  
Dr. Mark Noah  
Dr. Catia Sternini  
Dr. Susan Stangl  
Dr. Margaret Stuber (co-chair)  
Dr. Jan Tillisch  
Dr. John Tormey  
Dr. LuAnn Wilkerson

**Students:**  
Amanda Chi  
Casimir Dowd  
Vandai Le

**Guests:**  
Dr. Richard Baker  
Ms. Rikke Ogawa (ex officio)  
Dr. Lorraine Smith  
Dr. Neil Parker (ex officio)  
Dr. Carl Stevens (ex officio)  
Dr. Elizabeth Volkmann  
Dr. Neil Parker (ex officio)  
Dr. Carl Stevens (ex officio)  
Dr. Elizabeth Volkmann

**Staff:**  
Patricia Anaya  
Gezelle Miller  
Zachary Terrell  
Margaret Govea  
Regina Richter

**Time Called to Order:** 4:31pm  
**Time Adjourned:** 6:32pm

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<th>AGENDA/NAME</th>
<th>DISCUSSION/RECOMMENDATION</th>
<th>ACTION</th>
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<tr>
<td>Announcements</td>
<td>Amanda Chi will join the committee as one of the representatives for the class of 2010.</td>
<td>None.</td>
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<td>Minutes of the May 14 Meeting</td>
<td>The minutes were reviewed.</td>
<td>The minutes were approved with one revision.</td>
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| Clinical Experience Design Work Group Report to MEC – Dr. Margaret Stuber | In June 2007, the Medical Education Committee charged the Clinical Experience Design Work Group with the review of all graduation competencies, and determining where each is being taught and assessed in the third and fourth year. The process consisted of nine group discussions between November and June, including chairs of the other work groups. An “appreciative inquiry” approach was used, which builds on the good models of clinical teaching, continuity of care, etc. already existent within the system. Items reviewed included student evaluations of clinical clerkships, match statistics, innovative clinical experiences at other universities and the UCSF pilot program, Pisces. The group’s concept of the ideal clinical experience would be a curriculum integrated across disciplines, including:  
  - Student experience: | Revisit work group strategies and recommendations at next meeting. |
AGENDA/NAME | DISCUSSION/RECOMMENDATION | ACTION
---|---|---
| — Continuity with patients and faculty  
| — “Ownership” of clinical outcomes  
| — Clear responsibilities and expectations  
| — Residency preparation and career exploration  
| • Content:  
| — Exposure to common diagnosis  
| — Address all core competencies  
| • Structure/Format:  
| — Longitudinal experiences  
| — Students as contributing team members  
| — Interdepartmental and interdisciplinary collaboration  

The Work Group recognized a unique opportunity for restructuring the clinical experience to address curriculum deficiencies and enhance student experience. Other changes such as new teaching faculty academies, health systems curriculum, and hospitals, could be incorporated.

The core curricular elements of the proposed model consist of:

**Continuity of Site:**
- The goal is to have students stay at one site long enough to work with one faculty member and clinic population over a period of at least 3 months.

**Diversity of Sites:**
- The goal is to have each student experience at least two diverse site types (private/county or academic/VA).

**Integration of Education:**
- The goal is to have didactics and mentorship which are longitudinal and organized at the site over blocks of at least 3 months.

**Balancing teams and longitudinal clinics:**
- The goal is to give students experience with both teams and longitudinal clinics without creating needless conflicts.

**Student Competency Evaluation:**
- The goal is to provide students with evaluations of clinical skills and knowledge on a regular basis.

The strengths of this model are:
- Continuity of faculty (mentorship)
- Continuity of patients
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|                  | ▪ Continuity of site  
▪ Exposure to different systems of care  
▪ Ambulatory and out-patient care experience  
▪ Longitudinal experience  
▪ Integrated didactics  
▪ Encourages inter-departmental cooperation  
▪ Aligns well with other workgroup proposals                                                                                                                                                                                                                     |                    |
|                  | Limitations include:  
▪ A lot of work  
▪ Not all sites have all experiences  
▪ Would need to revamp didactics, maybe use teleconferencing  
▪ Potential to decrease diversity of site experiences for students                                                                                                                                                                                                                     |                    |
|                  | Regarding inter-group collaboration, this model worked well with the proposed teaching academies. Systems of care could be incorporated into QI projects on outpatient or inpatient and into didactics, mentorship and Doctoring.                                                                                                                                                      |                    |
|                  | Design Work Group Recommendations:  
▪ Operational groups to look at:  
  ▪ What clinical components can be done at what sites  
  ▪ How to construct the longitudinal didactics  
  ▪ Impact on the 4th year  
▪ Integrate the work of the other groups  
▪ Avoid incremental changes; implement class-wide (e.g., Class of 2013)                                                                                                                                                                           |                    |
|                  | Drs. Stuber and Hiatt facilitated a discussion on the proposed model. Topics raised included specifics of design, and how clerkships, mentoring, and longitudinal experiences would be affected.                                                                                                                                                              |                    |
| Update from Dr. Craig Byus of UCR | Dr. Byus announced that a proposal for the medical school will go before the Regents in June.                                                                                                                                                                                                                                             | Informational      |