**MEDICAL EDUCATION COMMITTEE**  
**MINUTES: MEETING OF DECEMBER 9, 2009**

*Members Present:*  
Dr. Wendy Coates  
Dr. Craig Byus  
Dr. Margaret Stuber (co-chair)  
Dr. Dotun Ogunyemi  
Dr. Jonathan Hiatt (co-chair)  
Dr. Shelley Metten  
Dr. LuAnn Wilkerson  
Dr. Daphne Calmes  
Dr. Gregory Brent  
Dr. Michael Gorin  
Dr. Sally Krasne  
Dr. Gregory Brent  

*Students:*  
Paul Rabedeaux  
Liv Leuthold  

*Guests:*  
Dr. Paul Wimmers  
Dr. Carl Stevens  
Rikke Ogawa  
Dr. Neil Parker  
Dr. Hugh Gelabert  
Dr. Peter Edwards  

*Staff:*  
Linda Cuesta  
Amy Frazier  
Margaret Govea  
Regina Richter  
Zachary Terrell  

*Time Called to Order:*  
4:30pm  

*Time Adjourned:*  
6:28pm

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<th>AGENDA/NAME</th>
<th>DISCUSSION/RECOMMENDATION</th>
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<td>Minutes of the November meeting – Dr. Margaret Stuber</td>
<td>The minutes were reviewed.</td>
<td>The minutes were approved with revisions.</td>
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<td>Announcement of New Block 1 Co-Chair, Dr. Peter Edwards – Dr. Margaret Stuber</td>
<td>Dr. Peter Edwards was introduced as the new co-chair of Block 1, replacing Dr. Sally Krasne, who is retiring.</td>
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<td>Effects of HB&amp;D on Faculty Ratings of Students in the Clerkship – Dr. Paul Wimmers</td>
<td>Clinical clerkship chairs and teaching faculty were asked if students under the current curriculum are different from students under old pre-clerkship curriculum. A survey was sent to all clerkship faculty teaching for the past 3 years for comment on pre- and post-clerkship students. Two-thirds noted an improvement; one-third felt students were worse, primarily in Neurosurgery. The survey was discarded, due to questionable results. A 2007 study published in Academic Medicine compared 2 years of the old curriculum with 2 years of the new. Results suggested the new curriculum was beneficial to students who scored in the low quartile of the MCAT. The faculty did not notice an appreciable difference.</td>
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<td>Continuity Proposals – Dr. Margaret Stuber</td>
<td>The Clinical Education Task Force recommended improved continuity between students, attendings, and patients. This would allow students to be evaluated by those who actually knew them, in addition to informative feedback, and an active learning experience. Five proposals are being considered - Reagan, Cedars-Sinai, Olive View, Kaiser, Harbor. All required clerkships are represented. The Medical Education Executive Committee has reviewed the submissions and requested additional information from the proposers. The ultimate goal is to provide a continuity experience for the entire class. The MEC discussed how to market the continuity experience to students. Dr. Stevens said there are two major objectives: 1) To establish a relationship between the student and faculty member within a longitudinal program to help develop skills in physical examination and clinical reasoning, and 2) To increase patient continuity. Dr. Krasne suggested developing a system to measure the expected outcomes. Dr. Stuber stated the changes would hopefully produce valid student evaluations. Dr. Byus expressed concern over how to accurately assess the validity of evaluations. Dr. Wilkerson said an elaborate evaluation plan would be instituted.</td>
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<td>Reducing Evaluation Load</td>
<td>Medical students have complained about the number of required evaluations. Presently, HB&amp;D has a block evaluation form with 29 items. Instructors or lecturers who teach 3 hours or more have a form with 9 items. The average number of lecturers students are required to evaluate is 20. PBL and Doctoring evaluations have 9 items, lab instructors have 1 item, resulting in a total of 150 items per block times 9 blocks. Clerkships - clerkship rating form (12 items), site rating form (18 items), faculty and resident (7 items each) times 8 clerkships During the old curriculum, a small randomized group of students were assigned for evaluations. Dr. Krasne remarked that everything was being evaluated because the curriculum was new, but now it is time to return to the old way. She suggested randomized evaluations and reducing the number of questions. Liv Leuthold said it is often difficult to recall names and faces. She noted a lab experience that rotated five instructors. Dr. Parker suggested limiting lecturer evaluation items to 4. He said it should be anonymous and immediately following the lecture. Dr. Stuber said it could be problematic, as students will reflect on entertainment value, rather than content. Dr. Wilkerson expressed concern for the &quot;recency effect&quot;, a bias resulting from the prominence of recent observations. The HB&amp;D evaluation has 6 core items with 12 additional components (usefulness of Doctoring small groups, physical exam workshops, preceptor visits, etc). It was suggested to eliminate those and just evaluate the overall course. Dr. Coates said all students should have the opportunity to evaluate everything.</td>
<td>Recommend reducing number of items and reintroduce randomized evaluations.</td>
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| Pathways Tracking – Dr. Margaret Stuber | The Pathways program facilitates motivated learners in developing the knowledge, skills, and experience to contribute to health beyond the care of individual patients. Areas of specialization include health research and global health. The Office of Admissions has suggested working with the School of Medicine to recruit those who have a strong interest in this area. The committee discussed how to track Pathways within the medical school.  

Dr. Wilkerson said there are currently two proposals –  
1. a student initiative offering a certificate in global health  
2. a sequence of experiences in translational research, culminating with a certificate  

The College chairs have offered to assist.  

Dr. Parker raised the issue of diversity. For students who have a specific interest, is it better to have them together or apart? Dr. Stuber asked if selectives and electives would suffice or should something more specific created, for example, a Wismer PBL? Dr. Brent suggested a PBL group offering enhancement and enrichment around other areas of interest, such as pathophysiology or research. This would provide a "pathway" within the existing curriculum, and give depth to areas treated superficially. The College chairs have offered to assist. | Action: The MEC recommended further exploration. |