**Minutes of the January meeting**

The minutes were reviewed.

**Announcements – Dr. Margaret Stuber**

Dr. Stuber announced that Drs. Joshua Chodosh, Chris DeVirgilio, Susan Stangl, and John Tormey have completed their terms of service on the MEC, per the bylaws. Two new members, Drs. Gregory Brent and Lee Miller, were introduced.

**CPX Results for the Consortium – Dr. Cha Chi Fung**

Dr. Fung presented the CPX data for the California Consortium for the Assessment of Clinical Competencies. Six common cases were used across the 8 schools. Performance was consistent across years observed (2006 – 2008). Physical exam scores appear to be on a downward trend statewide.

The CPX included a new standard for passing this year, the Criterion-Based Standard:

- Passing based on a set of “critical” action items.

**AGENDA/NAME** | **DISCUSSION/RECOMMENDATION** | **ACTION**
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|             | • Critical action items determined by a panel of experts.  
             | • Passing standard is case based (must pass 4 out of 6 cases)  
             | Results varied widely by school.  
             | What Next?  
             | • Variability in case performance may reflect curricular differences  
             | • CI may be testing clinical reasoning, but need to be validated  
             | • Qualitative analysis is underway to look at student’s self-assessment (stimulated recall) and faculty feedback  
             | • Comparison between norm-based and criterion-based standard is underway for all consortium schools  
             | Year 2 Physical Exam Analysis  
             | • Physical exam performance is also weak in the Year 2 OSCE.  
             | • Majority of the points lost in PE are due to omission (not knowing to perform the exam)  
             | • Although students know how to perform the PE maneuver, they still do not know when to do the exam  
             | • This may be the same problem seen in the CPX.  
             | Enhancing Clinical Skills – Drs. Larmon Baxtor, Robert Oye, and Carl Stevens  
             | Dr. Robert Oye summarized the Clinical Skills curriculum, which spans the first two years of medical training and involves first-year small group instruction, second-year specialty workshops, and a first- and second-year Preceptorship experience. This past year, Dr. Baxter Larmon and his Pre-Hospital Care faculty also held clinical skills “refresher” courses, with experienced standardized patients for second-year students in preparation for the Preceptorship experience.  
             | Though students are taught and can demonstrate basic proficiency in performing the elements of a physical exam, students appear to struggle with the application of the physical exam, namely, how to use the physical exam as a diagnostic tool.  
             | Challenges include:  
             | • Standardizing teaching with a primarily voluntary faculty base  
             | • Ensuring standardization and consistency of students’ clinical experience/practice  
             | • Instructing students in the application of the physical exam as part of the clinical reasoning process.  
<pre><code>         | The committee will review the proposed changes at a future meeting. |
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| Drs. Oye, Larmon and Stevens | Drs. Oye, Larmon and Stevens proposed changes to the Clinical Skills curriculum structure, including:  
- Use of faculty from Pre-Hospital Care as clinical skills small group instructors during the first year curriculum  
- Addition of small group instruction that couples physical diagnosis with diagnostic reasoning during the second year using the internal medicine faculty  
- A “Refining Diagnostic Skills” workshop using actual patients in the third year |          |
| Update from Drew – Dr. Richard Baker | Dr. Baker informed the committee of budgetary actions taken to address recent financial constraints at Drew.                                                                                                         | Informational |