**MEDICAL EDUCATION COMMITTEE**  
**MINUTES: MEETING OF JUNE 10, 2009**

*Members Present:*  
Dr. Lee Miller  
Dr. Craig Byus (via phone)  
Dr. Margaret Stuber (co-chair)  
Dr. Gregory Brent  
Dr. Jonathan Hiatt (co-chair)  
Dr. Catia Sternini  
Dr. Areti Tillou  
Dr. Dotun Ogunyemi  
Dr. Richard Baker  
Dr. LuAnn Wilkerson  
Dr. Jan Tillisch  
Dr. Jonathan Hiatt (co-chair)  
Dr. Catia Sternini

*Students:*  
Paul Rabedeaux  
Amanda Chi

*Guests:*  
Dr. Neil Parker  
Rikke Ogawa  
Jason Bergschneider  
Dr. Carl Stevens  
Dr. Lorraine Smith  
Joyce Fried

*Staff:*  
Gezelle Miller  
Margaret Govea  
Zachary Terrell

*Time Called to Order:* 4:30pm  
*Time Adjourned:* 6:28pm

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<td>Minutes of the May meeting – Dr. Margaret Stuber</td>
<td>The minutes were reviewed.</td>
<td>The minutes were approved.</td>
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<td>Faculty Disclosure of Conflict of Interest - Dr. Jonathan Hiatt and Joyce Fried</td>
<td>The Industry Relations Committee interprets UC policy and UCLA School of Medicine guidelines on industry relations. Presently, Continuing Medical Education faculty are required to disclose relevant financial relationships related to the content of their presentations and materials. The audience members can then judge whether they feel the presentations are evidence-based and scientifically balanced despite any potential conflicts of interest. The Faculty Executive Committee recommended that all SOM faculty be required to disclose any potential conflicts of interest with the topic of discussion and requested a formal policy draft from the MEC. Ms. Fried suggested a &quot;disclosure slide&quot; following the presentation title slide to meet the requirement.</td>
<td>Dr. Hiatt will draft a proposal for review at the August meeting.</td>
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Physicianship Initiative - Dr. Neil Parker

Students are expected to exhibit professional behavior throughout their medical school training. However, there are occasionally some students whose actions are clearly unprofessional and need improvement in order to meet standards and conduct of a physician. The Physicianship initiative was started by the faculty to address concerns during a clerkship or course. The Chair or Clerkship Director determines whether to cite the student and submit a Physicianship form Student Affairs Dean as appropriate.

Domains-
1. Reliability and Responsibility: Fulfills responsibilities to peers, instructors, patients, other health professionals, and oneself. Provides accurate, non-misleading information to the best of one’s abilities.

2. Self-Improvement and Adaptability: Accepts constructive feedback, and incorporates this feedback when making changes in his/her behavior. Accepts responsibility for own failures.


4. Relationships with Peers, Faculty, and Other Members of the Health Care Team: Relates well to fellow students, faculty or staff. Demonstrates sensitivity to other members of the health care team.


The report is not automatically sent to the Student Affairs Dean to become part of the student’s academic file. After meeting with the student, the Clerkship or Course Chair will determine what action is necessary. The Chair may develop a plan for remediation and only forward the physician report to the Student Affairs Dean if the student is not responsive to feedback or remediation.
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<td>If sent to the Student Affairs Dean, the physicianship report would then go into a file separate from the student’s academic file. Only if there are two physicianship reports in the third year are the reports placed in the student's academic file. Two reports result in a mention in the Dean's letter. More than two physicianship reports in the third year could result in disciplinary action and/or dismissal. At this point it is possible for students to receive physicianship reports in the first two years of medical school. However, it is not clear if these are of equal weight to those given in the third year. Proposal: Two physicianship reports sent to the Student Affairs Dean in the first 2 years will equal one report in the third (clinical) year.</td>
<td>The MEC voted to accept the proposal.</td>
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<td>Updates from Drew and UC Riverside – Drs. Richard Baker and Craig Byus</td>
<td>Charles Drew University – Dr. Baker said this year's graduation ceremony was successful. Governor Arnold Schwarzenegger delivered the keynote address. Dr. Keith Norris has been officially appointed interim president of Drew University. UC Riverside, Thomas Haider Program for Biomedical Sciences – Dr. Byus reported that the UC Riverside commencement was a success.</td>
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<td>NBME 360 Degree - Dr. Margaret Stuber</td>
<td>UCLA has been invited to participate in a limited pilot program developed by the National Board of Medical Examiners to test the feasibility, reliability and validity of a new assessment tool. The Assessment of Professional Behavior (APB) is a multisource feedback instrument to assess the extent to which medical students display the professional behaviors that are essential for the provision of safe, effective and ethical health care. This type of multi-source feedback (also known as 360 feedback) is a process in which individuals are evaluated by supervisors, subordinates, peers and others. For the APB, evaluators (observers) could be students, residents, faculty, nurses, other healthcare providers, and administrative staff. The APB emphasizes observable behaviors rather than attitudes or motivations.</td>
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<td>If this tool proves to be a feasible, valid and reliable measure of professional behavior, it could be used for formative feedback to student, helping them to understand more about how they are perceived by others. A minimum number of responses are necessary before this type of instrument can be used with any confidence. Faculty would have to be trained to help students interpret the feedback, and use it to better understand how their behavior is seen by others. Members asked how the data would be collected, synthesized, and shared with students. Further details will be provided at a later meeting to address these questions. Members also questioned the process currently in place to approve research projects which involve medical students. The current procedure is for projects to be proposed to Drs. Wilkerson and Parker, in their roles as Senior Associate Deans for Students and for Education. This screening process was previously authorized by the MEC in an effort to have a timely assessment of the utility and burden of proposed studies. A discussion ensued regarding the specific role of the Medical Education Committee regarding educational research involving medical students. No change in the current policy was instituted.</td>
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Next Steps: Clinical Education - Dr. Margaret Stuber

At the annual Clerkship Conference in June, faculty members did some brainstorming about ways in which sites might participate in creation of clinical experiences with more continuity experiences for students with faculty. This was a major goal of the CETF proposal previously presented to the MEC. For the workshop participants sat by site, rather than discipline, and discussed creative ways to improve faculty-student and student-patient continuity. These ideas will be further developed and presented at future meetings of the MEC.