MEDICAL EDUCATION COMMITTEE
MINUTES: MEETING OF OCTOBER 14, 2009

Members Present:  
Dr. Lee Miller  
Dr. Sally Krasne  
Dr. Margaret Stuber (co-chair)  
Dr. Mark Noah  
Dr. Jonathan Hiatt (co-chair)  
Dr. Shelley Metten  
Dr. Dotun Ogunyemi  
Dr. Richard Baker  
Dr. Catia Sternini  
Dr. LuAnn Wilkerson  
Dr. Jan Tillisch  
Dr. Areti Tillou  
Dr. Margaret Stuber (co-chair)  
Dr. Mark Noah  
Dr. Jonathan Hiatt (co-chair)  
Dr. Shelley Metten  
Dr. Dotun Ogunyemi  
Dr. Richard Baker  
Dr. Catia Sternini  
Dr. LuAnn Wilkerson  
Dr. Jan Tillisch  
Dr. Areti Tillou  

Students:  
Paul Rabedeaux  
Liv Leuthold  
Amy Metzger  

Guests:  
Dr. John Tormey  
Rikke Ogawa  
Dr. Mary Marfisee  
Dr. Carl Stevens  
Dr. Nancy Wayne  
Joyce Fried  
Dr. Janet Pregler  
Dr. Alan Robinson  
Matt Mossanen  

Staff:  
Gezelle Miller  
Margaret Govea  
Zachary Terrell  
Amy Frazier  

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

AGENDA/NAME DISCUSSION/RECOMMENDATION ACTION

Minutes of the August meeting – Dr. Margaret Stuber  
The minutes were reviewed.  
The minutes were approved.  

Teaching in the Basic Sciences – Dr. Alan Robinson  
Dr. Robinson gave an overview of how the FTE was assigned to UCLA and the teaching expectations of faculty.  
FTE School of Medicine  
Original UC weighting:  
1 FTE for: 3.5 medical students  
7 residents  
10 residents at affiliates  
8 PhD students  
FTE ceased to be assigned based on enrollment in 1996.  
Informational  

With present enrollment, FTE earned by medical student numbers, and ignoring all other activities:

<table>
<thead>
<tr>
<th>Medical Students</th>
<th>Calculated</th>
<th>Adjusted</th>
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<tr>
<td>700 ÷ 3.5</td>
<td>200</td>
<td>172</td>
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- Basic Science Departments + Path – 53.5 of 123.5 (31% of 172)
- Clinical Departments – 118.5 of 240.5 (69% of 172)

Using the “traditional percent” (15%) for amount of teaching time associated with an FTE, this analysis demonstrated that basic science departments could be expected to contribute more to the lectures, labs, and PBL portions of HB&D.

**Basic Science Departments**

6,324 hours performed  
(53.5 msFTE X 1970 hrs/yr X 0.15) = 10% of the earned 15%

**Clinical Departments**

66,692 hours performed  
(118.5 msFTE X 1970 hrs/yr X 0.15) = 48% of the earned 15%
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<tr>
<th>AGENDA/NAME</th>
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<tr>
<td>Block 2 Update – Drs. Jan Tillisch and John Tormey</td>
<td><strong>Cardio-Renal-Pulmonary Block</strong>&lt;br&gt;This year marks the seventh iteration of Block 2. Generally, two lectures are presented every day. Lectures may be combined into a single lecture to allow for free time. Each week, the last session is a case study which incorporates other diagnostic categories that might contribute to aberration of cardiac rate and pump regulation. This is usually done using an audience response system where brief cases are presented. &lt;br&gt;&lt;br&gt;Tuesday, Wednesday, Thursday afternoons are lab days or workshops for discussion of clinical problems. Participants range from 30 – 60. There are two PBL sessions per week. Self-assessment is provided at the end of the week.&lt;br&gt;&lt;br&gt;<strong>Themes</strong>&lt;br&gt;1. The Cardiac Pump and Regulation of its Rate&lt;br&gt;2. Regulation of Blood Flow and Blood Pressure&lt;br&gt;3. Myocardial Infarction, Valve Disease &amp; Heart Failure&lt;br&gt;4. Renal Regulation of Salt and Water&lt;br&gt;5. Fluid, Electrolyte and Acid-Base Balance&lt;br&gt;6. Dyspnea &amp; Exchange of Gases Between Atmosphere &amp; Blood&lt;br&gt;7. Pulmonary Edema and Respiratory Failure&lt;br&gt;8. Integration &amp; Application&lt;br&gt;&lt;br&gt;Dr. Tillisch remarked that a tension exists between clinical problem-solving and teaching basic mechanisms. He feels the block is too far on the clinical side and needs to jealously guard basic science, particularly during the first year.</td>
<td>Informational Link to full presentation here.</td>
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<td>Block 3 Update – Drs. Janet Pregler and Nancy Wayne</td>
<td><strong>Gastrointestinal, Endocrine, and Reproductive Medicine I</strong>&lt;br&gt;&lt;br&gt;<strong>Basic Principles:</strong>&lt;br&gt;- Core content includes 17 organs. These are linked by three functions: rest, rejuvenation, and reproduction.&lt;br&gt;- Block organized around mini-block themes which organize organ-based content&lt;br&gt;  - Digestion, Absorption and Detoxification of Nutrients&lt;br&gt;  - Storage, Retrieval, and Synthesis of Fats, Carbohydrates, Proteins and Complex Molecules&lt;br&gt;  - Central Control of Metabolism</td>
<td>Informational Link to full presentation here.</td>
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<td></td>
<td>Hormonal Regulation</td>
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<td>Reproduction: Male and Female, includes Breast</td>
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<td>Each 1-3 week section</td>
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<td>Introduced by a clinical case/overview lecture</td>
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<td>Anchored by two PBL exercises:</td>
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<td>“Traditional” PBL case run over 2 weeks (Friday to Friday)</td>
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<td>Clinicopathological Case (CPC), assigned via computer before each section; students complete as a group on-line, then discuss final diagnosis and supporting information in PBL on Friday for 30 minutes, receive feedback from course chair for group effort, and resolve in “in class” session with expert</td>
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**Integration**
- Integrate Doctoring thread aspects with other block content whenever possible
- Encourage integration of physical exam, radiology, and anatomy for the teaching of gross aspects of organ systems
- Integrate clinical reasoning into block content

**Changes for 2010**
- Introductory lectures more focused on presenting clear objectives for each mini-block, with a clear explanation of what “goes together” and why
- Students had a hard time integrating processing of nutrient intake, so new integration lecture will be given by course chair
- Students wanted a case-based summary of the GI system, so we are trying that out this year
- Histophath is being stretched out over a longer time period, and scaled down.
- Sequence of metabolism lectures will be changed for next year
- Nutrition labs and small group sessions will be improved.
- Students and faculty feel “one-shot” lectures are ineffective. Continues to be a problem in genetics, so are seeking a solution.
- Students want weekly quizzes more reflective of weekly objectives. We are working to modify these by “overwriting” questions ourselves rather than using lecturer submitted questions without revision.
## AGENDA/NAME
Service Learning in the Medical School Curriculum – Dr. Mary Marfisee

## DISCUSSION/RECOMMENDATION
Service Learning: method of teaching and learning that combines structured academic activity and reflection with meaningful service to the community. It is more than volunteerism and usually carries course credit.

**2005-06 LCME Standard IS-14-A**
Medical schools should make available sufficient opportunities for medical students to participate in service-learning activities, and should encourage and support student participation.

Currently, there are many volunteer activities, but few have a service learning (SL) component:
- Student Run Homeless Clinics-Fam Med Dept, 1989
- Mobile Clinic-School of Public Health-GWHFC-DGSOM, 2000
- Koreatown Clinic-Fam Med, 2008
- PRIME- Happy Feet, 2009
- Lennox Health Fair
- Synergy Health Fair
- California Medical Association Foundation Charity Basketball Tournament
- Tar Wars
- Albert Schweitzer Fellowship
- Dept of Pediatrics Mattel Children’s Hospital Van, Le Esperanza Clinic-Tijuana
- Jules Stein Eye Van
- RAM

### Elements of Success
- Student-initiated
- Active faculty participation
- Residents, fellows, undergads
- Academic credit
- Reflection
- A little funding

### Future Direction
- Organize DGSOM service learning under one office
- Increase supervision and structured learning opportunities
- Create interdisciplinary opportunities, e.g., nursing, public health, dentistry

## ACTION
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|             | • Increase faculty involvement  
|             | • Analyze outcomes  
| Reflection Surveys | How does this experience compare to your other clinical rotations? |

“I feel like I’m really doing something.”

“This makes me want to stay up and read tonight. I’m less motivated to do that when I’m doing other rotations.”

“The preceptor was more available to me here.”

“You know all this talk about there not being healthcare for poor people in this country….that’s not true. We’re providing it right here.”

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<tr>
<th>Approval of New Fourth Year Electives – Gezelle Miller</th>
<th>The following fourth-year electives were approved by the committee and will be forwarded to the FEC for final ratification:</th>
<th>Informational</th>
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<tbody>
<tr>
<td>- FP253.06    Community Medicine in Koreatown</td>
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<td>- OG350.05    General Obstetrics and Gynecology</td>
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<td>- SU306.01    Surgical Oncology &amp; Breast Surgery</td>
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<td>- SU310.04    Vascular and Endovascular Surgery</td>
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<td>- SU330.01    Colorectal Surgery</td>
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<td>- SU330.02    Transplantation and Hepatobiliary Surgery</td>
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<td>- SU370.01    Thoracic Surgery</td>
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<td>- SU386.03    Pediatric Surgery</td>
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<td>- SU394.02    Minimally Invasive Surgery</td>
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<td>- SU420.03    Surgical/Trauma ICU</td>
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