MEDICAL EDUCATION COMMITTEE
MINUTES: MEETING OF AUGUST 11, 2010

4:30pm – 6:30pm

Members Present
Dr. Craig Byus, Dr. Daphne Calmes, Dr. Wendy Coates, Dr. Thomas Drake (Co-Chair), Dr. Michael Gorin, Dr. Jonathan Hiatt (Co-Chair), Dr. Shelly Metten, Dr. Lee Miller, Dr. Dotun Ogunyemi, Paul Rabedaux, Dr. Catia Sternini, Dr. Margaret Stuber, Dr. LuAnn Wilkerson, Lauren Wolchok

Guests
Joyce Fried, Dr. Neil Parker, Dr. Carl Stevens, Vatche Tchekmedyian, Dr. Sebastian Uijtdehaage, Dr. Nancy Wayne

Staff
Gezelle Miller, Rikke Ogawa, Zachary Terrell

1. Announcements and Updates
Dr. Craig Byus, UC Riverside. UCR is still working through the WASC accreditation process, and looking forward to new medical education and research buildings.

Dr. Daphne Calmes, Charles Drew University. The Union Rescue Mission is now included as a new clinic site for the Primary Care Clerkship. Additionally, some minor changes have been made to the third-year curriculum.

2. Presentation: “Gender differences in leadership among first-year medical students in the small-group setting.” Dr. Nancy Wayne
Dr. Wayne presented her research showing that a simple 30-second “pep talk” about the importance of assuming leadership roles and establishing small group sessions as a safe environment to practice leadership skills can abolish gender bias among volunteer group leaders. She used her reproductive physiology lab in Block 3 as her study setting.

Discussion: Drs. Drake and Hiatt facilitated a discussion that focused on the reality of stereotypic threat and the importance of creating identity-safe learning environments.

3. Student Input into Quality Improvement Activities - Dr. Jonathan Hiatt and Vatche Tchekmedyian. Based on conversations with MSC and MEC representatives, it was recommended that focus groups be held in all blocks and certain pilot clerkships to debrief the block and provide feedback. The committee agreed it should be easy to
coordinate in the blocks. It was done in Block 3 last year and block chairs found it helpful in identifying sessions needing improvement. Due to the complex scheduling issue with clerkships, focus groups will likely be held on the day of the shelf exam when all students are present and in the same location.

**Recommendation:** Clerkship focus groups will begin in Pediatrics and Surgery rotations this year. It was also recommended that the online evaluations be reworked.

4. **Health Care System Delivery Thread – Dr. Carl Stevens.** The curriculum redesign process that resulted in the launch of HB&D in 2003 called for substantial, but loosely specified, content in population medicine and informatics. Some of this content was subsumed in the Clinical Reasoning curriculum thread, which runs throughout the first two years of the current curriculum. In 2006, the CETF and Systems working groups proposed additional learning objectives in the areas of medical quality, health care finance and medical informatics. During the past 3 years, some of this content, including finance, quality, patient safety, and health system organization has appeared in Year 3, formerly in Doctoring, now renamed Systems-Based Health Care. Additional required 4th year content in health care delivery has also been considered.

**Proposals:**
1. Rename Clinical Reasoning thread to “Health Care Delivery” to capture the additional scope and content
2. Lengthen the new Delivery thread to span all four years of medical school
3. Review and revise Graduation Competencies to reflect the demands that physicians will face under a reformed health care system, likely characterized by practice in large, tightly-organized delivery systems in multidisciplinary teams
4. Consider a required 3-week clerkship during Year 4 at a Kaiser, VA, CSMG or other integrated delivery system when tightly-organized, informatics intensive, team-based practice models represent the norm, and students can become familiar with alternative reimbursement strategies to fee-for-service, including case rates, prospective payment, episodes of illness and risk-sharing through partial or fully capitated models.

**Discussion:** Dr. Hiatt asked whether instruction in health care delivery systems should be within the scope of medical education or whether the focus should be on training students to treat disease. Dr. Stevens’ response was that evidence-based medicine and delivery curriculum only matter if we produce skilled clinicians to practice it. Dr. Byus stated that they are already trying to incorporate “population medicine” into the HB&D curriculum at UCR.

**Recommendation:** There were not enough members present to vote on the proposal. The committee recommended a revision of the Graduation Competencies to incorporate standards for system-based health (Item #3 of the proposal). The last revision was in 1994. The entire proposal would be reconsidered at a future meeting.
5. **Medical School Missions Management Tool – Dr. LuAnn Wilkerson.** The MSMMT is intended to provide medical school leadership with benchmarking data relative to its mission and goals. The tool is based on 47 measures in six domains. The domains were chosen based on a review of the mission of each medical school. The mission domains are:

1. To provide high quality medical education as judged by your recent graduates
2. To graduate a workforce that will address the priority health needs of the nation
3. To prepare a diverse physician workforce
4. To foster the advancement of medical discovery
5. To prepare physicians to fulfill the needs of the community
6. To graduate a medical school class with manageable debt

Dr. Wilkerson noted the following:

- 82.6% of graduate questionnaire students agreed that basic sciences courses were sufficiently integrated and coordinated, putting UCLA in the 99 percentile nationally.
- The pediatric clerkship was also cited in the top percentile nationally.
- UCLA is in the top percentile in graduating Hispanic or Latino physicians between 2003 and 2008. The debt of UCLA graduates is in the 15 percentile nationally.

[Link to report]