MEDICAL EDUCATION COMMITTEE
MINUTES: MEETING OF JUNE 9, 2010

4:30pm-6:30pm

Members Present
Dr. Greg Brent, Dr. Daphne Calmes, Dr. Wendy Coates, Dr. Thomas Drake (Co-Chair), Dr. Michael Gorin, Dr. Jonathan Hiatt (Co-Chair), Dr. Michael Lazarus, Liv Leuthold, Dr. Shelly Metten, Dr. Lee Miller, Dr. Dotun Ogunyemi, Paul Rabedeaux, Dr. Catia Sternini, Dr. Margaret Stuber, Dr. Jan Tillisch, Dr. LuAnn Wilkerson, Lauren Wolchok

Guests
Dr. Michael Sofroniew, Dr. Ming Lee, Dr. Carl Stevens, Dr. Paul Wimmers

Staff
Margaret Govea, Gezelle Miller, Rikke Ogawa, Regina Richter, Zachary Terrell

1. Update: Block 8 (Medical Neuroscience II) - Drs. Michael Sofroniew and Margaret Stuber. Block 8 is a 5 week covering neural development and teratogenesis (wk 1), the neurochemistry of emotion and related pharmacology (wk 2), the visual and auditory systems and their relationship to psychosis (wk 3), memory and cognition and their relationship to dementia (wk 4), and the impact of stress on anxiety, sleep, the immune system, and personality disorders (wk 5). There is hardly any review of neuroanatomy, and unfortunately, week 5 is consistently thought to be the most difficult.

Overall, students rated the block 3/5. Students thought the block had clear objectives and met those objectives and that it enhanced their interested in the subject (near 4/5 ratings), but rated the blocks organization low (2.8/5). The block chairs noted that the low organization ratings largely had to do with logistical issues (microphone malfunction, slow posting of materials on ANGEL, etc.) and was probably complicated by the 2 weeks of FURLOUGH days just before the start of the block.

The mean score on the block exam was 87% and all students passed.

There was some discussion on how to improve labs, in block 8 and in other blocks. The goal is to make them more interactive and relevant, given that attendance is required. Lauren suggested getting feedback from MS2s about their favorite labs and why they worked, and their least favorite labs and why they didn’t work.
2. **Presentation: Construct Validity of Three Clerkship Performance Assessments - Dr. Ming Lee.** We use 3 main indicators of clinical competence: the MSSE (common clerkship rating form), CPX (clinical performance exam completed at the end of the 3rd year), and the NBME Medical Subject Exam. This study looked at MS3s on inpatient medicine clerkship from 2003-2007. They identified 3 factors that comprise “clinical competence”: clinical performance, interpersonal skills, and clinical knowledge. These factors are separate but correlated with each other. The goal of the study was to test whether the 3 indicator tests evaluated the same or distinct aspects of clinical competence, and the results showed that indeed they do. The MSSE faculty ratings load heavily on clinical performance, the information sharing and patient-physician interaction scores on the CPX evaluate interpersonal skills, and NBME and history taking and physical exam scores on the CPX evaluate clinical knowledge. Therefore, the study concluded that the faculty ratings on the MSSE, the CPX, and the NBME test different factors making up clinical competence and are therefore useful in combination in evaluating student performance.

A secondary finding in the study was that among the faculty ratings on the MSSE, the overall evaluation score loaded most heavily on clinical performance, prompting discussion among the faculty on whether a global evaluation of the student as a single-item indicator would be sufficient as a metric. Currently, the faculty rate students on a number of items, including an overall performance rating. Reducing the number of rating items would certainly save the faculty time in their evaluations, and the faculty noted that it is difficult to provide accurate evaluations given their limited contact with students during short rotations. Further discussion considered using an average of many discrete mini-evaluations of students completed on multiple occasions during the rotation as an evaluation tool.

3. **Update: Pathways Update - Dr. LuAnn Wilkerson**—UCLA recently received a grant to create new tracks medical students who want more clinical research experience. UCSF and Stanford have similar programs that might serve as models. UCSF’s program “Pathways to Discovery” offers an optional opportunity to combine summer research with modules accrued over 4-5 yrs, resulting in a certificate in that pathway. Stanford’s version, the Scholarly Concentrations, is a mandatory 4-yr program emphasizing research. The proposed UCLA program is as yet unstructured, but initial impressions suggest that it will be optional and combine summer research with electives and optional programs during the 4 years of medical school, resulting in a certificate of completion in that pathway. There was a motion to authorize Dr. Wilkerson to explore the option of creating a Pathways program at UCLA.

4. The July MEC meeting was cancelled; the committee will resume meetings in August.