MEDICAL EDUCATION COMMITTEE
MINUTES: MEETING OF MARCH 17, 2010

Members Present: Dr. Richard Baker Dr. Michael Gorin Dr. Margaret Stuber
Dr. Craig Byus Dr. Michael Lazarus Dr. LuAnn Wilkerson
Dr. Daphne Calmes Dr. Lee Miller Dr. Jan Tillisch
Dr. Thomas Drake (co-chair) Dr. Jonathan Hiatt (co-chair) Dr. Shelley Metten

Students: Paul Nguyenfa Liv Leuthold Paul Rabeadeaux
Mayumi Pierce Michael Yashar

Guests: Dr. Chris DeGiorgio Dr. Carolyn Houser Dr. Neil Parker
Dr. Hugh Gelabert Joyce Fried

Staff: Margaret Govea Rikke Ogawa Regina Richter
Gary Diener Gezelle Miller Zachary Terrell
Jason Bergschneider

Time Called to Order: 4:40PM
Time Adjourned: 6:30PM

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<thead>
<tr>
<th>AGENDA/NAME</th>
<th>DISCUSSION/RECOMMENDATION</th>
<th>ACTION</th>
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<tr>
<td>Proposed Modification of Surgery Clerkship – Drs. Hugh Gelabert and Jonathan Hiatt</td>
<td>The MEC requested previously that the Surgery Clerkship propose a new clerkship structure that incorporated: the Head and Neck exam, the GU exam, and the Orthopedic exam. Drs. Gelabert (with Dr. Hiatt as support) presented a proposal for reform of the surgery clerkship to be implemented ideally if adopted this July, aiming to address identified problems with the clerkship including: ▪ Rotations through subspecialties too short ▪ Evaluation/feedback cycle too long ▪ Constructive feedback to students a challenge ▪ Integration of students into clinical teams problematic/students seen as “tourists” ▪ Students/faculty “gaming” the system (Amb last)</td>
<td>Motion to approve the proposed changes to the surgery clerkship does not pass (5 for, 7 against). Surgery will prepare a revised proposal to be presented to the MEC at a later date.</td>
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behest of the MEC. At that time, surgery combined inpatient and ambulatory surgery clerkship experiences into one 12-week long rotation. This structure is in place today.

**Current Structure**
The current 12-week surgery clerkship consists of consecutive Ambulatory Surgery (6 weeks) and In-Patient Surgery (6 weeks) Clerkships. During the Introduction to Surgery Week students receive multidisciplinary lectures and exam modules, and there is a general emphasis on tasked areas of physical diagnosis via lectures and physical exam modules.

*Current Ambulatory Surgery Clerkship (6 weeks)*
Consists of 6 1-week rotations through: ENT, Ortho, Urology, Anesthesia, Ophtho, and Plastics or Neurosurgery (depending on selections).

*Current Inpatient Surgery Clerkship (6 weeks)*
Consists of 2 3-week rotations on clinical services, balancing experiences at county/VA and tertiary hospitals (UCLA, Cedars).

**Proposed New Structure**
The proposed 12-week reformed surgery clerkship would consist of consecutive Ambulatory Surgery (6 weeks) and In-Patient Surgery (6 weeks) with revised curriculum emphasizing education competencies. The curriculum would include competency-based reviews and exercises as well as quality initiatives. Weekly written evaluation delivered in person to students would be required in the form of a three-line evaluation: overall assessment, constructive criticism, and confidential comments.

*Proposed Ambulatory Surgery Clerkship (6 weeks)*
Would consist of consolidated 2-week (minimum duration) subspecialty rotations with a focus on integrated participation in services. Participation would be limited to the following core subspecialties (which Surgery was asked to include by the MEC previously): Ortho, GU, ENT.

<table>
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<tr>
<th>Current</th>
<th>Proposed</th>
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<tr>
<td>6 weeks inpatient</td>
<td>6 weeks inpatient</td>
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<tr>
<td>6 weeks ambulatory</td>
<td>6 weeks ambulatory</td>
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<tr>
<td>1-week long rotations</td>
<td>2-week long rotations</td>
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<td>5 required subspecialties</td>
<td>3 required subspecialties</td>
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<tr>
<td>Ambulatory clinic-based</td>
<td>Incorporated onto teams</td>
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<td>ESS end-of-clerkship eval</td>
<td>Weekly written feedback</td>
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<td>One form for supportive, constructive, &amp; confidential feedback</td>
<td>Separate forms for supportive, constructive, &amp; confidential feedback</td>
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<td>Traditional curriculum</td>
<td>Competency based curriculum</td>
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<td>Departmental M&amp;M sessions</td>
<td>Incorporated QI initiative</td>
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**Anticipated Benefits**
- Improved student integration to services
- Improved student participation
- Improved student evaluation
- Improved curriculum

**Motion:** To approve these proposed changes to the surgery clerkship, meaning students will receive experiences in ENT, Ortho, and Urology to be implemented beginning in July 2010. Unfortunately this means under this proposal students will not receive clinical experiences in the surgery clerkship in Anesthesiology, Ophtho, and Plastics or Neurosurgery (already an elective). The proposal as it stands provides no alternative. Should the motion not pass, surgery will return at a later time with another proposal.

**Minutes of the February meeting**
The minutes were reviewed.

**Block 5 Update – Drs. DeGiorgio and Houser**
Drs. DeGiorgio and Carolyn Houser delivered an update on Block 5: Neurosciences 1

**Course Goals**
- Understand organizational basics of central nervous system using regional approach.
- Understand the organization and function of the motor and somatosensory systems.
- Apply knowledge of neuroanatomy to the localization of neurological and psychiatric disorders.
- Understand the pathophysiology, clinical signs and pharmacological treatment of disorders of the motor and sensory systems.
- Understand the neuropathology of major neurological disorders (thread).
- Understand the organization of the neurological exam and the concept of localization in neurological assessment.

**Organization**
- Start regional at periphery work towards brain stem, ending with hippocampus and amygdala
- PBL cases related to weekly schedule/topics

**Material Not Covered (because of time, much moved into Block 8)**
- Special Senses – Auditory and Visual Systems (only “pieces” covered)
- Higher brain functions - Intro in Block 5, more in Block 8
- Integrative systems – Covered in Block 8

**Modifications to the Curriculum in the Past Years**
- Greater use of videos/images in PBL and lectures
- More neuroimaging content (introduction to use of MRI and CT)
- Increased emphasis on Clinical Neuro Exam (comprehensive neuro exam in 1st yr)
- On-line PBL (using video) developed with help of Tatum Korin

**Student Evaluation (2009) [On a 5-point scale]**
- Goals & objectives were clear: 4.5
- Block objectives were met: 4.5
- Block was well organized: 4.4
- Block chairs were responsive: 4.7
- Block enhanced my interest: 4.4
- Overall: 4.3
- PBL: 3.8
- Doctoring: 3.5
- Clinical Exam Workshops: 4.3
- Preceptor Visits: 3.9
- Lectures: 4.4
- Labs (Neurobio & Neuropath): 4.0
- Textbooks: 3.6 (4.1)
- Weekly Quizzes: 4.4
- Full class case discuss./tutorials: 4.2
Individual components of PBL rated highly but students overall rate down. The major text, for the first time ever, received a 4.1 in satisfaction.

**Student Responses**
- Few requests from students for changes
- Student interest in flash files (e.g., embedded online movies/pictures)

**Chair-Identified Challenges**
- Would appreciate more time (longer block, additional hours)
- Concern that “special senses” not adequately covered
- Struggle to meet needs of beginning and advanced students
- Would like to motivate students to study material in greater depth
- Still struggling to have students read the textbook

Dr. Stuber offered to talk later with chairs about creating flash files and about what is covered in Block 8.

| Interprofessional Collaboration with Nursing – Dr. Margaret Stuber | Dr. Stuber discussed a current project that integrates advanced practice nursing students with third-year medical students within the Doctoring course small groups. The project was conceived and created by faculty from both the School of Medicine and the School of Nursing over the course of two years. Goals of the program include:  
- Foster interdisciplinary understanding of roles and perspectives  
- Establish pedagogical collaboration  
- Teach systems-based practice  

There are several challenges to implementing such a program, namely:  
- Semester (Medicine) vs. Quarter (Nursing) academic system  
- Block (Medicine) vs. Course (Nursing) credit system  
- How to have nursing faculty receive credit for teaching in another school  

*The Pilot*
Piloting the program began in September 2008. Advanced practice nursing students (about to graduate as nurse practitioners or managers) participated in a 2-credit elective “theory” course, Doctoring. Medical students were given overview of advanced... | Motion to approve name change passed unanimously. Dr. Wilkerson will update the website description, etc. Dr. Parker can use the new name in student records. |
practice nursing; however, nurses were not given an overview of medical student education (to be addressed in the future). For the pilot, 1-2 nursing students joined groups of 7 MSIIIs led by 2 tutors. Half of Doctoring groups did not have nursing students, and 2 groups had nursing professors as tutors. The nursing students participated for half the year (September-December), which was challenging as nursing students were entering the course that had already started prior as “outsiders.” Students were surveyed at the beginning and end of the year to assess changes in comfort with interdisciplinary education. Topics included: Teamwork and roles, Medical Error, Health Care Delivery Systems, Sexuality, harassment and the law, Schemas and bias.

Pilot Results:
- 13 nursing students enrolled, 2 withdrew within first 2 weeks (too big a time commitment)
- Medical students guarded at first, but nursing students told them they would not take comments about nurses personally
- Nursing students positive about medical students, topics of discussion, and career prep for working in interdisciplinary teams (though these nurses had opted to participate)
- Nurses at first quiet, but contributed more as role established in group. Medical and nursing students found similarities in experiences, and clinical nursing experience added to discussion

Based on these results, in 2009 made the decision to “go to scale,” requiring all 2nd year acute care advanced practice nursing students to take course. 35 nursing students required to take course; 7 nursing faculty as small group tutors (only 1 had taught before). Groups consisted of 4 medical students, 4 nursing students for the entire year. Challenges included: many new tutors, educating tutors about advance practice nurses, scheduling with nursing courses (taking nursing students out of other clinical classes), still allowing opportunity for medical students to “vent,” and different evaluation systems.

Feedback:
Medical students: most groups with nurses worked well, though 3 groups had issues. Heard from groups with no nurses that students without nurses felt “lucky,” but no evidence in groups with nurses that there was overall dissatisfaction. Nursing faculty as
Tutors worked well (paired with MD or PhD).

Nursing students: Divided. Some nurses loved the experience, others frustrated with inconvenience of schedule and conflicts with clinical time. Nursing students as opposed to medical students are also working and some live a great distance away. Essential issue to work on was role transition. Some nurses did not fully appreciate their role in the classroom as learners; hard to transition to the role of learner.

Tutors: Tutors noted that differences in age/life experience between nursing students and medical students made it hard to find commonality (many nurses have teenage children of their own so it can be difficult to adjust). Some nursing students late/missing classes. Most tutors loved the mix; one refused to have nurses. Nursing faculty, however, loved the experience but clinical faculty questioned taking students out of class, publicly criticizing the class. Administration, however, valued the opportunity.

Future Plans
- Analyze the survey data
- Meet with clinical nursing faculty to ensure all understand what the course entails
- Better prepare students
- Continue with same schedule in coming year

Dr. Stuber would like to change the name of the course from “Doctoring” (Medicine) and “Inter-professional Seminar” (Nursing) to “Systems-Based Learning.” Dr. Gorin proposed instead the name change to “Systems-Based Healthcare.”

Dr. Tillisch asked about the wisdom of only having some groups with nurses. Dr. Stuber commented that originally they made sure nurses were in pairs; they also kept it half and half so that later they can compare the groups. This is still a pilot. Dr. Tillisch voiced concern that the curriculum not be changed to fit the needs of an experimental design. Dr. Stuber responded that they were in fact collecting data but that the curriculum has been changing over the years not for specifically this project but as the course has developed.

Dr. Wilkerson commented there are still nurses to include in the course, and Dr. Stuber
agreed though she said that first they would need to gain more support from the clinical nursing faculty.

Dr. Drake asked if the name change was because of the pilot or because of the curricular change. Drs. Wilkerson and Stuber commented that the curriculum has changed over the years. Opening the course to nurses was secondary. The new name reflects these curricular changes.

**Motion:** To change the name from “Doctoring 3” to “Systems-Based Healthcare.”

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<th>Evaluation Policy for Lab Instructors – Dr. LuAnn Wilkerson</th>
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<td>Students frustrated that they have to evaluate too much. There are too many questions (about block and instructors) and too many instructors, some of whom are not readily recognizable to the students as they only had them for a short period of time for one lecture/seminar/etc.</td>
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In December the MEC recommended:
1) Reduce the number of items for each kind of teacher; and
2) Reintroduce randomized evaluations for full lecturers (teach 3+ hours).

HB&D Block Chairs did approve reducing the number of items but did not approve randomization. For the full lecturers, the block chairs felt their contribution merited evaluations from all students. Under randomization of evaluations, all full lecturers would receive evaluations, but not all students would be required to evaluate each lecturer. Gary Diener, Assistant Director of Evaluation, has informed Dr. Wilkerson that this would be logistically a challenge.

**Motion:** To rescind the recommendation for randomization of block evaluations of full lecturers. Lab instructor evaluations present another problem. Students meet with certain lab instructors for short periods of time once and then asked to evaluate much later. Students find this challenging; however HB&D chairs are concerned that without being able to offer lab instructors student evaluations, it will be challenging to find instructors.

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<th>Motion to rescind MEC recommendation to randomize evaluations of full lecturers approved unanimously.</th>
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<td>Motion to use ARS as tool for collecting evaluations on one-time block lab instructors approved unanimously.</td>
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<td>Updates from Drew and UC Riverside - Drs. Richard Baker and Craig Byus</td>
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| Update from Dr. Baker regarding Charles Drew University of Medicine and Science: Drew welcomes the new Dean of Nursing Dr. Gloria McNeal. The College of Nursing will start with a master’s level program and will have a relationship with UCLA. Also, Dr. Baker announces the school is looking for donors. Update from Dr. Byus regarding UC-Riverside: Dr. Richard (Dick) Olds has joined UC-Riverside School of Medicine as the Founding Dean and that Riverside is also looking for donors. | | |