MEDICAL EDUCATION COMMITTEE
MINUTES: MEETING OF MAY 12, 2010

4:30pm-6:15pm

Members Present
Dr. Craig Byus, Dr. Daphne Calmes, Dr. Wendy Coates, Dr. Thomas Drake (Co-Chair), Dr. Michael Gorin, Dr. Jonathan Hiatt (Co-Chair), William Johnson, 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, Michael Yashar

Guests
Dr. Neil Parker, Dr. Carl Stevens

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

1. Update: UCLA/UCR Thomas Haider Program in Biomedical Sciences – Dr. Craig Byus
Dr. Byus outlined some of the progress towards opening UCR. In order to hit their target date of opening in 2012, they need to submit their approval to LCME (Liaison Committee on Medical Education) by July 2010. Presently, only the first two years of medical school are done at UCR. That will give a year for approval before the first round of applicants. The UCR chancellor has shown support for the new medical school, and has control of some student fees that would be directed towards the medical school. Additionally, UCR has made progress in getting minority students into their current medical program, though undergraduate sciences still do not have as many minorities as do other majors.

2. Update: Charles Drew University of Medicine and Science – Dr. Daphne Calmes.
Dr. Calmes gave a brief outline of the happenings at the Charles Drew College of Medicine. She said they were working on setting up clerkships at Kaiser Permanente and circulated a collection of abstracts from student research in health disparities.

3. Proposal: To require additional 6 weeks of clinical training for MS4 DGSOM student – Dr. Wendy Coates. On behalf of the College Chairs who voted unanimously in favor, Dr. Coates presented a proposal to require 6 additional weeks of coursework emphasizing diagnostic reasoning and development of clinical skills for MS4 DGSOM students. The motivation is to better prepare students for residency, as surveys of residency program directors indicate that our students could us improvement in clinical skills (taking H&P), oral presentation, and diagnostic reasoning. Currently, MS4s are required to complete 24 weeks of clinical course work. The proposal would raise this
requirement to 30 weeks. Right now, most students finish their coursework by Match Day and even dual degree students, who seem to have the heaviest workload as MS4s, still have 12-21 weeks of “free” unallocated time, so the additional 6 weeks should not prevent anyone from graduating on time. The particular structure of the additional 6 weeks was purposefully left unspecified, but the goal would be to require additional clinical rotations. If added to the current total, the 4th year would require 36 weeks between July and mid-May of their senior year.

**Discussion:** Dr. Parker expressed concern that an extra 6 weeks might prevent some students from graduating, especially those who did not pass all rotations in the 3rd year; he estimated that the proposed increase could affect around 20 students. He also emphasized that the proposal should specify that the extra time be spent in clinical consult rotations (as opposed to research or other “lighter” course loads).

Dr. Coates remarked that the course could be specified as a place where a student is on a primary consultation service and making clinical decisions. She requires a similar program of 3 weeks in the Acute Care College, but wants more time and to extend this requirement across the colleges.

**Recommendation:** Dr. Tillisch moved to create a committee of 2 college chairs, 2 faculty, 2 medical students, 2 residents and Dr. Parker to flesh out the details of the proposed increase. The motion was approved and Dr. Parker will appoint and convene the group.

4. **Announcement: Schedule for the new week of College Foundations – Dr. LuAnn Wilkerson**

The expansion of College Foundations to two weeks was approved. All seniors will begin with a common foundations program: “Preparing for Medicine of the Future: Advances That Will Change How You Treat Your Patients” (Week 1: July 6-9). The schedule features a morning lecture series with daily themes including cancer therapies, global health, cardiovascular update, brain injury, and personalized medicine. The MS1 reps asked if the lectures would be open to interested students and faculty; Dr. Wilkerson replied that she would look into logistics of finding a lecture hall large enough.

5. **Report: A study of the effects of clerkship sequence on student performance – Dr. LuAnn Wilkerson.** Dr. Wilkerson presented the results of a study concerning the effects of clerkship order and timing on success in the 3rd year. DGSOM MS3s are tracked into taking either medicine or surgery first. MSSE (common clerkship rating form) and OSCE exams were used as outcomes to determine if there was an advantage to beginning with one track or another. Surprisingly, it happened that the two groups (medicine track and surgery track) were not equal at baseline: USMLE scores were 10 points higher for those doing surgery first, so the USMLE scores were included as a covariate. Both groups show improved performance in clinical ratings over time, i.e. second semester MSSE scores were better than in the first semester. However, the difference in degree of improvement between the two groups was not statistically significant (the medicine-first group
showed greater improvement and did better at the end of the 2nd semester, but the effect was non-significant).

Results show that clerkship scores are higher in the second semester for both tracks as represented by the scores on the Medical Student Summative Evaluation (MSSE). Clinical performance improved in the second half of the clinical year, regardless of the specific clerkships. While this may not be obvious to students, perhaps results should be shared for their use in selecting scheduling preferences.

No differences were noted in end-of-year OSCE performance resulting from track. Differences in OSCE performance were due to pre-existing differences between the students of each track, as reflected by differences in their mean Step I scores.