MEDICAL EDUCATION COMMITTEE
MINUTES: MEETING OF SEPTEMBER 15, 2010

4:30pm – 6:15pm

Members Present
George Bao, Dr. Daphne Calmes, Harry Ching, Dr. Wendy Coates, Dr. Thomas Drake (Co-Chair), Dr. Ron Edelstein, Dr. Jonathan Hiatt (Co-Chair), Frank Johnston, Jon Kimball, Dr. Michael Lazarus, Leanna Lee, Liv Leuthold, Dr. Lee Miller, Paul Rabedaux, Dr. Catia Sternini, Dr. LuAnn Wilkerson, Lauren Wolchok, Sarah Young, Angelica Zen

Guests
Dr. Neil Parker, Dr. Tahlia Spector, Dr. Carl Stevens

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

1. **Announcements** – Dr. Stephen Cederbaum was announced as the new Chair of the Genetics Thread. Dr. Jason Napolitano was announced as the new Co-Chair of Block 9: Cardiovascular, Renal, and Respiratory Medicine II. Dr. Bernard Ribalet was announced as the new Co-Chair of Block 1: Foundations of Medicine I.

2. **Presentation: Continuity Evaluation Plan - Dr. LuAnn Wilkerson**

   **Continuity Clerkship Objectives**
   1. Enhance continuity of contact between each student and one faculty physician
      - Monitor progress in gaining clinical skills
      - Individualized teaching to address specific educational needs
   2. Enhance understanding of continuity of care across the continuum of inpatient, outpatient, primary and specialty care
      - Follow some patients longitudinally through an entire illness episode

   **Continuity Clerkship Evaluation**
   Coaching experience
   - Frequency of coaching meetings
   - Quality of the coaching experience
   - “My coach gained a good understanding of my strengths and weaknesses”

   Coach will not evaluate student
**Continuity Clerkship Experience**

**Continuity of Care**

How frequently did you engage in the following?

- Working up an undifferentiated patient
- Following a patient through two more clinical encounters
- Participating in post-discharge follow-up for a patient you saw in the hospital

**Add to the Continuity Clerkship Evaluation?**

The Continuity Clerkship experienced deepened my understanding of the following (Strongly Disagree... Strongly Agree):

- Healthcare Delivery Systems
- Evidence Based Medicine
- Healthcare Finance
- “Medical Home” concept
- Roles of interprofessional healthcare team members
- PDSA cycle for continuous quality assurance

Rate how much you improved the following skills as a result of participating in Continuity Clerkship (not at all...... A lot)

- Writing SOAP notes
- Making a case presentation using SNAPPs
- Using electronic medical records
- Implementing a QI project

**Formative program evaluation**

- Educators assigned to each Continuity Clerkship will interview students (or conduct a focus group) at regular intervals to identify problems in need of immediate attention.
- Individual program directors should meet with students and coaches regularly to ensure that clerkships are implemented according to plan

**Specific Evaluation Plans**

**Harbor-UCLA**

- Entry and exit surveys by students
- Student participation rate/absenteeism
- Coaches evaluate impact of program
- Review by continuity clerkship directors
- Clerkship evaluations

**RRMC**

- Compare shelf exam scores, clerkship evaluations with other sites
- Student evaluations with a tool to be developed
Olive View
- Bi-monthly meetings with students
- Evaluation survey by students
- Shelf exams

Cedars-Sinai
- Review of site director of the evaluations submitted by residents/faculty
- Bi-annual meeting of site directors and key faculty
- New MEC-sanctioned survey of students’ perceptions prior and post

Kaiser
- Satisfaction surveys by students, faculty, and patients

Continuity Preceptorship – To be determined

The Acute Care College provide a four-hour workshop that provides graduating medical students with introductory information on financial planning, real estate decisions, wellness, and internship preparedness. Baseline experience, knowledge, and comfort levels of senior medical students on topics related to “real life” experiences are assessed.

Most important things learned during the workshop
- 28 of 31 comments related to financial planning
- General financial planning
- Start to save early for retirement/Roth IRA
- Student loan repayment strategies
- 2 rated decision to purchase home
- 1 found it interesting that “having a life outside medicine” was important

Observations
- Most students have never been 100% responsible for themselves.
- Many have always been “in school”
- They don’t fully understand “real life” experiences that are on their horizon
- Lingering questions on financial planning were pervasive
- Medical education typically does not provide meaningful training in these areas

Current USMLE policy states Step 1 must be taken before the beginning of the third year or within six months of completing the second year. Failure to comply will result in academic discipline. Dr. Parker asked the Committee for suggestions on how to reinforce this rule.

Recommendation: Failure to comply with stated policy will result in withdrawal of leave of absence. The proposal was unanimously approved by the Committee.
5. **Increasing Year 4 Requirements – Dr. Neil Parker.**

The College Chairs who voted unanimously in favor of 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 History and Physical), 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. Presently, 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.

In May 2010, the MEC approved a motion 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. Dr. Parker said the proposal’s effect on students is being studied. He is examining why most students are able to finish their coursework early, and will review program director surveys to assess student preparedness for residency.

6. **Update: Charles Drew University of Medicine and Science – Dr. Ron Edelstein.**

Dr. Edelstein announced the formations of a new collaboration effort to rescue restructure and reinvigorate Drew University. The California Endowment will provide assistance to Drew leadership to enable the university to navigate through difficult fiscal circumstances that have threatened the institutions existence. Collaborating institutions include, UCLA, USC, Catholic Healthcare West, Cedars-Sinai, and Kaiser Permanente.