Medical Education Committee
Wednesday, April 13, 2011
Meeting Minutes
4:30pm-6:30pm

Members Present
Dr. Richard Baker, Dr. Daphne Calmes, Dr. Wendy Coates, Dr. Chris Cooper, Harry Ching, Dr. Thomas Drake (Co-Chair), Dr. Ron Edelstein, Dr. Iljie Fitzgerald, Frank Johnston, Liv Leuthold, Dr. Lee Miller, Dr. Dotun Ogunyemi, Paul Rabedeaux, Dr. Catia Sternini, Dr. Jan Tillisch, Dr. LuAnn Wilkerson, Lauren Wolchok, Sarah Young

Guests
Joyce Fried, Dr. Neil Parker, Dr. Carl Stevens

Staff
Amy Frazier, Margaret Govea, Gezelle Miller, Rikke Ogawa, Zachary Terrell

Meeting is called to order by Dr. Drake:

1. **Review of Reagan Continuity Program – Dr. Jan Tillisch**

   The continuity program was started for the class of 2012 to provide MS3’s a higher chance of seeing returning patients as well as provide extended time with a single physician mentor. For the Reagan program, students meet with the continuity mentor (clinical educator) twice a week during the inpatient medicine clerkship as well as once a week during the rest of the 6 months of the Continuity block for about 1-2 hours.

   Given this is the first year of the continuity program, some notable results:
   
   • Students like getting feedback without grades attached.
   
   • Some residents were asked not to “protect” medical students from difficult cases as a result of students’ discussions with Continuity clinician educators.
   
   • At Reagan, attending and house staff are under more time pressure, so the continuity mentor has becomes more important for the student. The role of attending may be changing.
   
   • The program had success in individually focused teaching.

   **Discussion:** Reagan has 4 students to each continuity mentor while other sites have 1 student to 1 mentor. Students also spoke highly of the 4-student team discussions, direct feedback, and sense of patient ownership imparted by the program.

   What did students value most about the Reagan continuity clinician educators? Practice presenting, feedback on notes, help in writing workup notes, discussing difficult cases or team interactions were the main benefits in the first half of the year. Students showing up during the second half of the year tended to be more experienced. There has been
less emphasis on notes and more on career mentoring. Dr. Tillisch stated it has been sometimes hard to recruit continuity clinician educators, but enough were found so far. He said that the continuity program raises the possibility of what the MS3 clerkship year could or should look like, a significant time in one site.

2. Continuity and MS3 clerkship Scheduling - Dr. Neil Parker
Continuity scheduling continues to cause difficulties. This, the second year of the continuity program, presented students with a choice of 6 different continuities (including longitudinal preceptor continuity), which the students were asked to rank in order of preference. Once students receive their continuity assignment, they rank their choices for locations and timing of all other clerkship rotations. Many other medical schools do not give students such choice, and some faculty at DGSOM think that less choice might make the system more fair and equitable for all since it is very difficult to design a fair way to honor each student’s preferences simultaneously. The current system was adapted from last year and tweaked as students were going through the process: continuities were chosen, and the students were given priority in choosing the rest of their schedule based on the amount of unfilled space. This system will remain in place for this year; however, the question comes up as to what should the system look like next year.

This year there are 203 students (with returning PhD or similar students), so spots are especially limited. Unfortunately, by April of MS3, students need to have a pretty good idea of what specialty to choose, which adds to the angst of choosing MS3 schedules. Career exploration is encouraged through the preceptorship program where students can explore other specialties.

Discussion: Many feel that the current method of choosing is too complicated, and needs to be simplified. One of the least desired choices was the longitudinal preceptorship continuity, which had 20 spots with only 3 students putting it down as a top choice. The VA continues to not have a continuity program which means that the longitudinal preceptorship must continue to fill this space. The faculty were encouraged to ask again the VA to set up a continuity program.

Additionally, it was proposed and approved for next year to create schedules for all students that balance experience in private medical centers, managed care environments and public hospitals. Dr. Parker agreed to look into how this might be accomplished and come back to the MEC next month.

3. Evaluation Subcommittee – Frank Johnston
In accordance with the request of the MEC Evaluation Subcommittee, student MEC representatives presented summaries of student feedback collected on the end-of-block student surveys to the block chairs of blocks 1 and 6. The goal was to close the loop providing feedback and to ensure that students to have direct input. The MS1’s chose to conduct their feedback in a focus-group format and had 15 students in a discussion
with the block 1 chairs. They felt that the large group helped expose uniform agreement on some issues, while painting a mixed picture on other issues.

**Discussion:** Dr. Drake, block 1 co-chair, thought the exchange helpful and only mentioned that an hour was not enough for a full discussion. The overall setup was considered successful enough not to need changing. MS2’s chose to summarize and present the survey results to block 6 chairs in a more intimate 2-on-2 format. It appears this was very efficient, but possibly lacked the breadth of opinion that might come out through a focus group.

4. **Charles Drew University Update – Dr. Daphne Calmes**
   Dr. David M. Carlisle was announced as the final candidate for the president of CDU.