1. Core Competencies for Collaborative Practice – Dr. LuAnn Wilkerson and Charles Griffis, RN

Hospitals and health sciences schools across the country are recognizing the need for interprofessional teamwork. They realize that health care providers, as well as those who train them, need to move beyond the stereotypes of the different professions and the culture of hierarchy.

The goal is twofold: better patient care and more satisfied healthcare workers. Programs currently underway in schools include small discussion groups, role-playing, and pairing medical and nursing students in simulation exercises.

Competency Domains
- Values and ethics for Interprofessional practice
- Roles / Responsibilities
- Interprofessional communication
- Teams and teamwork

Current Interprofessional Collaboratives at DGSOM
- Systems-based Healthcare, yr 3
- Mobile van & Union Rescue Mission, all
- ICU elective requirement, yr 4
- Some clinical electives in team-enriched settings

New opportunities for an inter-professional collaborative practice might include:
- Doctoring / Clinical Skills thread
- Selectives with other professions
- PBL cases reflecting IPC roles
- Integrative Assessment Week teamwork exercise
- Clerkship components, e.g., reword rating form, add exercises, add IPC to Log
- Clinical electives, e.g., geriatrics, pediatric home, medical home, PM&R, public health

2. Proposal for Ultrasound Curriculum - Drs. Aliasgher Hussain, Cori Poffenberger, and Carl Stevens. A proposal was presented to create a longitudinal 4-year point-of-care ultrasound training program for medical students integrated into the basic science courses and clinical clerkships.
**Background:** Bedside ultrasonography is a versatile imaging modality used in a variety of disciplines, including Radiology, Emergency Medicine, Surgery, Internal Medicine, OB/Gyn, Pediatrics, and Ophthalmology amongst others. Bedside ultrasound is a real-time imaging modality to assess anatomy and pathology. It can be used in many settings, such as the ER, OR, ICU, wards, and clinic. In addition, it is especially useful internationally in the Third World, as it is the most common imaging modality. Ultrasound training during many different residencies is now becoming commonplace.

While bedside ultrasound is a great tool to use during the assessment and treatment of patients, it is operator-dependent, and requires training and practice to become proficient. Incorporating ultrasound training from the very beginning of a student’s medical career will allow them to become proficient earlier. Having UCLA students proficient in ultrasound before starting residency will make students more advanced and prepared for future practice. In addition, as an early adopter of ultrasound training during medical school, UCLA will be able to use this as a recruitment tool for students looking for cutting-edge educational programs. Currently, there are only two other medical schools employing a 4-year ultrasound curriculum: UC Irvine and the University of South Carolina.

**Implementation:** Implementation of the training program should be done as a process, beginning with the basic science courses in the first 2 years. It can then be implemented into the appropriate clinical clerkships with the guidance and assistance of the course director for each clerkship. While the allotment of time during the first 2 years of medical school is limited, there are opportunities to incorporate ultrasound training that will supplement and enhance the curriculum.

**Year 1**

**Block 1:**
Week 4: Basic ultrasound principles/Knobology with Clinical Skills session
Week 8: Gallbladder/FAST/Aorta with Clinical Skills session

**Block 2:** Cardiovascular/Renal
Cardiac/Renal/Pulmonary ultrasound with Clinical Skills sessions – Weeks 2, 4, 6, 9

**Theme 1:** Gross anatomy, basic cardiac ultrasound
**Theme 3:** Human circulation lab, vascular disease, CHF
**Theme 4:** Structure of renal system, renal ultrasound/bladder
**Theme 6:** Thoracic imaging/Anatomy, pulmonary ultrasound

**Block 3:** GI
**Theme 1:** Gross anatomy – aorta/liver/gallbladder ultrasound/FAST
Block 4: Musculoskeletal
Week 1: Clinical Anatomy (spine/upper extremity) ultrasound guidance for central line placement
Week 4: Clinical Anatomy (lower extremity) – DVT ultrasound

Year 2
Block 6: Foundations of Medicine
Week 2: Clinical Skills – Review of knobology
Week 5: Clinical Skills (Ophthalmology) – Optic ultrasound

Block 7: GI/Endocrine
Week 1: Gallbladder/FAST/Aorta ultrasound with Clinical Skills 2
Week 2: OB Ultrasound w/Clinical Skills: Breast/Pelvis
Week 4: Testicular Ultrasound w/Clinical Skills GU

Week 2: Endocrine path/imaging: Thyroid ultrasound
Week 7: Liver disease: Gallbladder/Liver ultrasound

Block 9: CV/Renal
Weeks 1 & 2: Anatomy – Renal ultrasound
Week 3: Ultrasound w/CHF/Cardiomyopathy
Week 5: Valvular disease ultrasound

Year 3
Bedside ultrasound can be included in specific core rotations under the guidance of the clerkship directors. Examples include:

- Gallbladder/FAST/Aorta/Appendicitis during the Surgery Clerkship
- Pelvic ultrasound during Ob/Gyn
- Cardiac/Renal during Internal Medicine

Year 4
A focused 1-week ultrasound elective as part of the Acute Care College requirements working in Emergency and ICU

Competency: Student competency in ultrasound can be accomplished using an OSCE at the end of each year on the basic principles and on obtaining images.

3. Continuity Clerkships: Summary of Key Outcomes – Dr. Sebastian Uijtdehaage

Overall Goals -
1. Enhance continuity of contact between each student and one faculty physician
   - Monitor progress in gaining clinical skills
   - Individualize 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
   - Discuss key systems issues essential to support patients’ access to and quality of care

**Six Continuity Clerkships**

<table>
<thead>
<tr>
<th>Site</th>
<th>Duration</th>
<th>Specialties</th>
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</thead>
<tbody>
<tr>
<td>Harbor-UCLA</td>
<td>12 weeks</td>
<td>Ob/Gyn, Peds</td>
</tr>
<tr>
<td>Kaiser</td>
<td>12 weeks</td>
<td>IM, AM, FM</td>
</tr>
<tr>
<td>Olive View-UCLA</td>
<td>12 weeks</td>
<td>IM, AM</td>
</tr>
<tr>
<td>Cedars-Sinai</td>
<td>18 weeks</td>
<td>Ob/Gyn, Surgery</td>
</tr>
<tr>
<td>RR-UCLA</td>
<td>20 weeks</td>
<td>IM, AM, Neuro/Psych</td>
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<tr>
<td>Cont. Preceptorship</td>
<td>16 visits/year</td>
<td>Any discipline, except EM</td>
</tr>
</tbody>
</table>

Students feel more in most clinical tasks:
- Working effectively in interprofessional teams
- Conducting a basic screening physical exam for an adult patient
- Using patient preferences when discussing treatment options
- Writing SOAP Notes
- Conducting a comprehensive musculoskeletal physical exam
- Performing a functional status assessment in an elderly patient
- Counseling a patient on health behavior changes (e.g., diet, smoking)
- Interpreting a routine urinalysis
- Using an EMR
- Interpreting a pathological study

**Clinical Performance**
- Performance ratings provided by clerkship attendings and residents on scale from 1 (unsatisfactory) to 7 (outstanding)

- **Method 1:** Comparison class of 2012 to class of 2011

  **Results:**
  - Clinical performance improved in all clerkships compared to previous class.
  - Gain was statistically significant in Inpatient Medicine and Psychiatry Clerkships

- **Method 2:** Within class of 2012, compare students who did a clerkship as part of a continuity experience to those who didn’t.

  **Limitations:**
  - Selection bias: most students participated in CC of their preference
Imbalanced group sizes for some clerkships
- Example: 17 students in pediatrics with CC experience versus 132 students without CC

Results:
- Performance gain found in Pediatrics and Psychiatry clerkships only

Future Outcomes
- Patient logs (Jan 2012)
- USMLE STEP 2 (Feb 2012)
- GQ (Fall 2012)
- Intern Survey (Summer 2013)
- Program Directors’ Survey (Summer 2013)

4. New Electives – Dr. LuAnn Wilkerson
The following new electives were reviewed:

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Name</th>
<th>Location</th>
<th>College Approv.</th>
</tr>
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<tbody>
<tr>
<td>EM220.01</td>
<td>Emergent Bedside Procedures / Clarke</td>
<td>HARBOR</td>
<td>7/20/11</td>
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<tr>
<td>FP253.04</td>
<td>Community Medicine Elective / O'Connell</td>
<td>KAISER.WH</td>
<td>3/10/11</td>
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<tr>
<td>MD253.02</td>
<td>Clinical Rotation in Malawi, Africa / Hoffman</td>
<td>ASSOC</td>
<td>9/23/10</td>
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<tr>
<td>MD253.03</td>
<td>Clinical Rotation In Rio de Janeiro / Hoffman</td>
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<td>9/23/10</td>
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<tr>
<td>MD253.04</td>
<td>Clinical Rotation in Cape Town, SA / Miller</td>
<td>ASSOC</td>
<td>10/5/10</td>
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<td>MD253.06</td>
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<td>MD455.01</td>
<td>Surg &amp; Anes. Critical Care Medicine / Fink</td>
<td>UCLA</td>
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<td>ME210.09</td>
<td>Cardiology: Heart Failure &amp; Transp / Kittleson</td>
<td>CS</td>
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<tr>
<td>ME210.10</td>
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<td>KAISER.SUN</td>
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<td>S.MONICA</td>
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<td>Pulmonary Diseases @ Barlow Hosp. / Nelson</td>
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<td>11/14/11</td>
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<td>PA150.03</td>
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<td>9/13/10</td>
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<tr>
<td>PE420.02</td>
<td>Pediatric Critical Care / Woods</td>
<td>KAISER.SUN</td>
<td>10/15/09</td>
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