Mediical Education Committee
Wednesday, October 12, 2011
Meeting Minutes
4:30pm - 6:30pm

Announcements –
Symposium on the Science of Learning - Dr. Sebastian Uijtdehaage. The Center for Educational Development and Research is hosting its third annual Symposium on the Science of Learning in Medical Education on Friday, October 28th in the Faculty Center. Marco Iacoboni, MD, PhD, Professor of Psychiatry and Biobehavioral Sciences, will deliver this year's keynote address, entitled Mirror Neurons, Imitation, and Empathy: Implications for Medical Education.

Clerkship Issues – Dr. Neil Parker. Two motions forwarded by the MEC to the Faculty Education Committee were discussed and passed:
1. Accommodating Student Health Issues - Third-year students should be excused from patient care activities to seek care for medical problems. The Clerkship Chairs will generate a generic letter for students to take to their site directors to facilitate excused medical absences.
2. Timeliness of Clerkship Evaluations - In order to provide timely feedback and evaluation, submission of final clerkship evaluations will be required four weeks from the end of the clerkship block.

Updates from UC Riverside and Drew –
UC Riverside – Dr. Craig Byus said rehabilitation of the UCR medical education building is progressing. A state-of-the-art Anatomy suite will be completed soon.

Drew University – Dr. Daphne Calmes reported Drew University received a $25-million five-year grant from the NIH to expand its research and faculty. The Martin Luther King, Jr. Center for Public Health is open. The Center offers low-cost health care for the uninsured. Services include immunizations, and testing and treatment for communicable diseases.

Update from Block 8 – Dr. Margaret Stuber. Dr. Stuber reported on recent Feedback Group sessions with Block Chairs and students. Student concerns included:
- Afternoon labs need to be more interactive
- More practical information, less cutting-edge research
- Clear outline for clinical materials, similar to other blocks
- Too many Neuroscience lectures

Amanda Freed (MS 3) said the feedback session was very productive and that students’ suggestions were well-received by the Block Chairs. Students recommended a more streamlined block with more emphasis on materials relevant to USMLE Step I.
A discussion on the USMLE Step I exam ensued. Issues addressed included the effect of the timing of the exam and the reporting of specific scores on year two curriculum. Dr. Tillisch said USMLE Step I test scores should be reported as Pass or Fail only, since the scores cause students anxiety, and according to a recent article, have no predictive value in terms of future performance as a physician. Dr. Gorin recommended discussion of a new grading system for the curriculum so that students have more detailed grades and would not feel the scores on the USMLE are so important in terms of residency applications. Dr. Parker noted that this discussion was occurring nationally and that residency and fellowship directors continued to press for the use of specific scores rather than Pass/Fail scores for use in the residency selection process in spite of the opinions of many student affairs deans that Pass/Fail scoring only would place less emphasis on the exam.

Student Feedback Group – Michael Ayoub (MS 2) and Harry Ching (MS 2). The MEC Subcommittee of Evaluation Subcommittee has been pilot testing a system of student feedback groups with several HB&D blocks in years one and two. Mr. Ching described the system for the first-year courses: two MEC student representatives reviewed the numerical and narrative course evaluations completed by students on CourseEval for a block (including block components but not faculty evaluations) and used a systematic analytic process to identify themes from among students written comments. The MEC student pairs then met with a randomly selected group of 12 to 15 students and the block co-chairs to explore the meaning of the resulting themes.

Mr. Ayoub was appreciative for the meetings and felt that it was helpful to hear why Block Chairs teach something in a certain way or during a certain time in the course. Student participants felt that their comments were heard and that suggestions for improvement were fully discussed. The Feedback Group process also demonstrates to students that their evaluations are given serious consideration by block chairs, thus closing the feedback loop. Several faculty members on the MEC who also serve as block chairs commented on the usefulness of the Feedback Group system and supported its full implementation.

Intensive Care Unit Elective – Dr. Carl Stevens. Last spring, the MEC approved the recommendation of the College Chairs Subcommittee to require all senior medical students to complete an ICU elective. A set of explicit objectives were planned for the new requirement:

1. Communicate effectively with other team members including nursing, respiratory therapy, nutrition, clinical social work, patients and family members so that care is effective, safe, and coordinated and reflects patient/family preferences.
2. Recognize conditions commonly requiring critical care intervention such as shock, sepsis/SIRS, heart failure, liver failure, brain injury, DKA, non-cardiogenic pulmonary edema, stroke/intracranial hemorrhage, STEMI and pre- and post-transplant status.
3. Based on limited information available in newly unstable patients, generate a brief, focused differential diagnosis and empiric initial therapy plan.

The ICU electives would include overnight call, completion of a didactic series using online modules from the Society of Critical Care Medicine and an assessment at the end, including a
written and an individual performance test using the human simulator. Students would be required to complete a patient log to monitor case mix and level of responsibility at the 18 approved sites. Dr. Stevens has helped with the initial implementation process and reported on the early results of the Log, written exam, and simulation test for the 54 students who completed the elective during blocks 1 through 4. The distribution of experience includes MICU for 22 students, SICU for 8 students, CARDIO ICU for 16 students and PEDS/NEONATAL for 8 students. Students are doing well on the multiple choice exam (mean of 90.3, SD 12.64) and appreciate the debriefing session that follows the simulation performance test. He is working to involve the elective course chairs in monitoring the simulation and conducting the debriefing since these occur every 3 weeks.

**Faculty Forward – Dr. Jonathan Hiatt.** Faculty Forward is a collaborative partnership between the AAMC, member medical schools, and teaching hospitals around the country focusing on measuring and enhancing medical school faculty engagement. This evidence-based initiative is designed to build capacity for academic centers to understand and develop the organizational cultures and talent management practices more likely to attract and retain excellent faculty. All faculty are invited to participate in the Faculty Forward Climate Survey, available October 16 through November 22. This is an opportunity to help develop and enhance faculty life at the DGSOM. Participation is voluntary and confidential. No faculty member can be individually identified.