Medical Education Committee
Wednesday, July 11, 2012
Meeting Minutes
4:30pm – 6:30pm

1. **Review of July Minutes** – The July minutes were reviewed and approved.

2. **Third-Year Duty Hours – Dr. Neil Parker.**
   Revision of Duty Hours –
   - ACGME Change of Duty Hours
   - LCME Visit 2013
   - Needed Updating

   Year 3 Duty Hours – Limits
   - Weekly – Non Specified
   - Maximum at one time 28 Hours
   - Overnight Call – Max 1x /wk
   - Days off – 1/wk Average over Clerkship
   - Rest 10 Hours between shifts
   - No Overnight day before exams
   - No Overnight day before Systems-Based Healthcare / Preceptorship

   Year 4 Duty Hours – Limits
   - Weekly – 80 Hours
   - Maximum at one time 28 Hours
   - Overnight Call – Max 2x /wk
   - Days off – 1/wk Average over Clerkship
   - Rest 10 Hours between shifts
   - Same as ACGME for PGY 2’s and above

   **Motion:** Dr. Gorin’s motion to adopt the policy was seconded by Dr. Miller. The motion passed unanimously.

3. **Pathway in Improving Healthcare Delivery and Outcomes – Drs. Alice Kuo and Carl Stevens.** Health care systems in the U.S. are among some of the most complex organizations in the world. Currently, rising costs are stressing families, businesses and all levels of government. At the same time, when comparing how the U.S. fares against indicators of health system performance internationally, it is clear that we have failed to keep pace with gains in health outcomes achieved by the leading countries. The U.S. ranks last out of 16 industrialized countries on a measure of mortality amenable to medical care (deaths that might have been prevented with timely and effective care), with premature death rates that are 68 percent higher than in the best-performing countries. As many as 91,000 fewer people would die
prematurely if the U.S. could achieve the leading country rate (Commonwealth Fund, 2011).

In March 2010, the U.S. passed the historic Patient Protection and Affordable Care Act, paving the way for national health care reform and redesigning health care systems to deliver the Triple Aim: improving the experience of care, improving the health of populations, and reducing per capita costs of health care.

The overall goal of the Pathway in Improving Health Care Delivery and Outcomes at the David Geffen School of Medicine (DGSOM) is to educate medical students to become outstanding decision-makers and leaders who can influence and direct the delivery of health care through their leadership of organizations committed to enhancing the quality, accessibility and cost-effectiveness of health care services.

Link to full proposal.

Motion: Dr. Coates motioned to accept the pathway proposal. Dr. Wilkerson seconded. The motion passed.

4. **MD Program Subcommittee: Final Report – Dr. LuAnn Wilkerson.** Dr. Wilkerson reported on the subcommittee’s responses to the following two questions:

1. Summarize the medical education program’s strengths and challenges, including areas of potential non-compliance with accreditation standards and areas that may require monitoring due to potentially challenging circumstances. Analyze changes that have occurred since the last survey visit. Have new strengths or problems emerged? Are changing conditions likely to cause problems in the near future?

2. Note major recommendations for future action. How can the program’s strengths be maintained and the most pressing problems addressed? Be brief, but specific in describing actions that will need to be (or already have been) taken. Link to report.

5. **Clerkship Reviews – Drs. David Chen and Ted Hall.** As part of the LCME process, a formal and periodic review of all courses and clerkships is required. Drs. Chen and Hall gave a summary of issues raised at the Clerkship reviews for Surgery and Radiology.

**Surgery Issues:**

- Students requested a system to receive feedback from residents and attendings. A mechanism has been established.
To address variability of site content, site lectures delivered via videoconferencing will be available online.

Standardized content of curriculum will be mandatory.

**Radiology Issues –**

- Lectures have been improved to reflect exam content.
- Interactive lectures are not adaptable to podcasts. Improvements forthcoming to make better PowerPoint presentations.
- Improve quality of podcasts to make all student questions are audible.
- Due to subpar condition of lecture halls, lectures were moved to LRC.
- Address late or missed lectures by providing substitute lecturers.
- Due to consolidation of IT services, technical issues now require a work order, which may cause delays in problem resolution.

6. **Grading Task Force – Dr. LuAnn Wilkerson.** On April 11, 2012, the MEC passed a motion to create a task force to examine the relative advantages and disadvantages of a pass/fail system across all four years. Dr. Wilkerson announced the formation of a subcommittee that will include representation from the MEC, FEC, HB&D, the Clerkships and Colleges, and off-campus sites, such as Olive View, Kaiser, Harbor, etc. Program directors and student representatives from all four years will also be included. The subcommittee will begin meeting in September 2012 and continue through February 2013. Those interested in participating should contact Zach Terrell.

7. **Update from Charles Drew University – Dr. Kenneth Wolf**

- LCME Prep
- Clerkship progress
- Nursing student/medical student simulation
- Departure of Dr. Wolf