Medical Education Committee
Wednesday, March 14, 2012
Meeting Minutes
4:30pm – 6pm

Members Present
Michael Ayoub, Dr. Craig Byus, Dr. Daphne Calmes, Harry Ching, Dr. Chris Cooper, Dr. Esteban Dell’Angelica, Dr. Thomas Drake (Co-Chair), Amanda Freed, Dr. Michael Gorin, Dr. Jonathan Hiatt, Dr. Michael Lazarus, Liv Leuthold, Dr. Shelley Metten, Dr. Lee Miller, Dr. Mark Noah (Co-Chair), Dr. Dotun Ogunyemi, Karthik Sarma, Dr. Catia Sternini, Dr. Lacey Wyatt, Dr. LuAnn Wilkerson, Lauren Wolchok

Guests
Dr. David Chen, Joyce Fried, Dr. Sally Krasne, Dr. Matt Leibowitz, Dr. Neil Parker, Dr. Carl Stevens, Dr. Sebastian Uijtdehaage, Dr. Paul Wimmers, Dr. Kenneth Wolf

Staff
Gary Diener, Amy Frazier, Margaret Govea, Phil Klein, Gezelle Miller, Rikke Ogawa, Zachary Terrell

1. Announcements – Dr. Hiatt resigned as MEC Co-Chair, but will remain as a Committee member. Dr. Mark Noah was announced as his replacement.

2. Review of Minutes – The January minutes were reviewed and approved.

3. Proposal for Changes to Third Year Surgery Clerkship – Dr. David Chen
The proposal will increase the duration on each Ambulatory (subspecialty) rotation from 1 week to 2 weeks and reduce the number of rotations from 6 to 3. Each of the 3 subspecialty rotations will be 2 weeks long. Two of the subspecialty rotations must be selected from Orthopedics, Urology, and Head and Neck Surgery. The third subspecialty rotation can be selected from the following services:

- Orthopedics
- Urology
- Head and Neck Surgery
- Ophthalmology
- Anesthesia
- Plastic Surgery
- Neurosurgery
- Transplantation Surgery
- Cardiothoracic Surgery
Assignment to specific rotations will take student preferences and availability into account. The subspecialty rotations should be a combination of inpatient and ambulatory experience.

General Surgery will remain as two 3-week rotations. See full presentation.

Dr. Chen said the new structure will offer a more rigorous experience that requires all students to be part of a resident team, which includes clinic, rounding, and the operating room time. Each student will meet regularly with their assigned specialty director or an appointee of the director to receive feedback during the two-week rotation.

A student remarked on the value of an anesthesia experience, specifically regarding airway management. She asked if it could be incorporated into the Surgery clerkship. Dr. Chen acknowledged its value, but said it was not an essential component of surgery. He recommended teaching anesthesia in the second year or across specialties, similar to Ophthalmology. Dr. Stevens said several opportunities exist in the senior year to cover airway management in the ICU required clerkship, Internship Boot Camp, and a cadaver-based course. Dr. Parker said airway management is taught in Clinical Foundations and could be expanded.

In 1995, the MEC assigned the teaching of 3 examinations to the Surgery Clerkship: students:

- Head and Neck exam
- GU exam
- Musculoskeletal exam

In the new proposal, these exams would continue to be taught during the 3-day orientation period for the clerkship.

Motion: A motion was proposed to accept the proposal, effective 2012. The motion was approved.

4. Requesting Approval of the HB&D Review Criteria – Dr. LuAnn Wilkerson

Each HB&D block is reviewed individually every two years by the HB&D Committee. A written report for each block is required and needs to be available one week before the date of the assigned presentation. Block reports should include all relevant threads, but threads will also be reviewed separately every two years. An annual HB&D report will be made to the MEC summarizing results of the block and thread reviews.

A template for the review has been developed by the HB&D Block Chairs Committee.

Link to template.
Motion: The Committee voted to accept the criteria.

5. Graduation Competencies Overlap – Dr. LuAnn Wilkerson
   The committee was asked to modify the Graduation Competencies to eliminate the following area of overlaps:

   Practice-Based Learning 10 is a subset of Systems-Based Practice 6 (quality improvement)
   The recommendation is to eliminate the final 3 words of SB 6.

   • PB 10. Understand and use continuous quality improvement practices.

   • SB 6. Understand and explain the concept of value in health care, and provide examples of methods physicians use to improve value, including comparative effectiveness research, evidence-based guidelines and quality improvement.

   Professionalism 3 is a subset of Professionalism 4 (i.e. self-assessment)
   The recommendation is to eliminate “self” from P 4.

   • P 3. Accurately assess one's personal strengths and limitations, relevant to one's practice of medicine and continued learning.

   • P 4. Develop abilities to receive and provide constructive feedback as part of peer and self-assessment of professional behaviors.

   Professionalism 7 and Systems-Based Practice 11 seem to overlap
   The recommendation is to delete P 7.

   • P 7. Understand the obligation to treat the individual patient, and discuss the conflicts between caring for a patient and caring for a population.

   • SB 11. Articulate the physician’s special responsibilities toward both individual patients and society at large, and discuss ways to balance these competing needs and priorities.

Motion: The Committee voted unanimously to adopt the recommended changes.