# Medical Education Committee Minutes: Meeting of December 12, 2013

**Members Present:**
- Stephanie Cham, MSIII
- Dr. Wendy Coates
- Dr. Chris Cooper
- Dr. Tom Drake (co-chair)
- Dr. Ronald Edelstein
- Dr. Ed Ha
- Michael Klein, MSII
- Dr. Michael Lazarus
- Dr. Lee Miller
- Dr. Mark Noah (co-chair)
- Rikke Ogawa (ex-officio)
- Dr. Neil Parker (ex-officio)
- Dr. Catia Sternini
- Dr. Chris Cooper
- Dr. Lee Miller
- Dr. Carl Stevens (ex-officio)
- Dr. Tom Drake (co-chair)
- Dr. Mark Noah (co-chair)
- Rikke Ogawa (ex-officio)
- Michelle Sun, MSII
- Dr. LuAnn Wilkerson
- Dr. Ed Ha
- Dr. Neil Parker (ex-officio)
- Dr. LuAnn Wilkerson
- Dr. Ronald Edelstein
- Dr. Margaret Stuber
- Dr. Clarence Braddock
- Laura Pescatore
- Dr. Ming Lee

**Guests:**
- Gezelle Miller
- Zachary Terrell

**Staff:**
- Zachary Terrell

**Time Called to Order:** 4:40PM  
**Time Adjourned:** 6:28PM

## Agenda/Name
### Outcome of HB&D Review Process – Dr. LuAnn Wilkerson

In 2011, HB&D subcommittee began bi-annual review of all Blocks and threads. Block Chairs present copies of course material, graduation competencies taught and assessed in their Blocks, content review by two non-Block faculty members, final exam performance, Step 1 category results, student feedback group results, and describe improvements they plan to make. The reviews are summarized and reported to the MEC every two years. MEC members suggested the following changes to the review and reporting process.

- **In the MEC report, include more content on the objectives, structure, and strengths and weaknesses of the Blocks, and rationale prompting changes to curriculum along with proposed changes.**
- **The HB&D subcommittee should make a summary judgment on how well the Chairs are meeting the School and course objectives. This could be assessed on a rating scale using something like the dashboard convention of green, yellow, or red.**
- **Review related Blocks (eg. Blocks 3 & 7) together so the Subcommittee members have a better perspective of content across the two years.**
- **Consider having third year students review the content since they experienced the curriculum during a specific time period.**
- **What other quantitative data should be included in the MEC report to assess effectiveness of the Blocks? Mock Step 1 scores by discipline? In service exam scores? NBME keyword report from Shelf exams?**

**Action:** Revise the MEC report to include a summary table of:
- Major objectives of each Block
- Each Blocks’ organizational structure
- Narrative description of strengths and weaknesses by Block
- Changes to each Block.
- Quantitative data (CoursEval, exam scores, pass rates, Step 1 performance) by Block

Dr. Wilkerson will edit the report and bring back to the MEC.

### Review & Approval of November Minutes – Dr. Tom Drake

Dr. Drake asked MEC members to review the November minutes and send revisions to Zach by the end of the week.

**Minutes were approved.**
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<td>MEC Retreat 2014 – Dr. LuAnn Wilkerson</td>
<td>The focus of the retreat is planning for the future and changes to curricular content for all four years with attention to the AAMC’s recent report on the Core Entrustable Professional Activities (EPAs) for entering residency.</td>
<td>Informational</td>
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| Grading Policy Update- Dr. Mark Noah | After several student and faculty forums and lengthy deliberation, the Faculty Executive Committee (FEC) approved the MEC grade proposal with a slight change in December 2013.  
- The Pass/Fail grading system will continue in the first and second years,  
- Third and fourth year students will be assessed according to the following grading system: Honors, High Pass, Pass, Fail  
- For the Medical Student Performance Evaluation (formerly the Dean’s letter), students will continue to get narratives of their clinical performance.  
  Additionally, their exam performance will be indicated with “honors” or “pass.” No clerkship exam scores will be listed.  
  This goes into effect with the students entering David Geffen School of Medicine this Fall (August 2014). Students who entered before Fall 2014 will be assessed according to the Pass/Fail system in all four years even if they take a leave of absence.  
  The Clerkship Directors will continue to work on grading consistency across clerkships and clerkship sites. | Informational |
| 2013 CPX results – Dr. Ming Lee     | Dr. Lee reported the 2013 CPX outcomes administered in June. CPX is comprised of eight cases that would commonly be seen in an outpatient setting with diverse panel of patients from infant to geriatrics.  
  The DGSOM CPX results are reported according to the following subscales: History-Taking (HX), Physical Exam (PE), Patient-Physician Interaction (PPI), and Total, which is an average of HX, PPI, and PE. Over the last three years, DGSOM performance has been consistent. Our students tend to perform best on Hx and least well on PE.  
  DGSOM student mean scores (by case) ranged from 66% to 80% correct.  
  2013 Consortium Performance: Of the eight California medical schools, DGSOM had lowest performance in PPI in 2013. All of the Schools had their lowest performance in PE (median of 55 versus 82 in PPI). The students at all schools are evaluated by SPs. The SPs receive 25-35 hours of training. | Informational/Recommendations |
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<td>28% of DGSOM students failed the CPX in 2013. Of note, Dr. Wilkerson allowed students near 60% in physical exam to pass, given that the PE mean score was 64% and the SD was 10. The MEC should review the failing score for PE for the future.</td>
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<td>Standard setting. The MEC established our passing scores. MEC might consider revisiting the passing scores for the CPX.</td>
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<td>Students have specific courses of remediation depending on the areas they fail. After remediation, they take a mini-CPX (4 stations). If they fail the retake, they must review the taped CPX with Dr. Stevens.</td>
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<td>Most CPX failures are due to omissions of PE maneuvers, and not doing the maneuvers incorrectly.</td>
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<td>Generalizability of the CPX: most of the difference in CPX performance is due to students’ competency level, and then by how SPs rate them on the subscales that are nested in each case.</td>
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<td>Dr. Lee is working with Dr. Wilkerson and clinicians to consider new standard setting for subscale cutoff points. She will return and present the proposal for updated standards to the MEC.</td>
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<td>Updates from Drew – Dr. Ronald Edelstein</td>
<td>The agenda of the full Drew faculty meeting on November 13, 2013 included: LCME debriefing Medical student admissions status report Appointments and promotions of Drew/UCLA faculty with appropriate dual appointments Drew University’s strategic planning process 18th annual Project Santa Claus (student-run, served 500 children)</td>
<td>Informational</td>
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