**MEDICAL EDUCATION COMMITTEE**  
**MINUTES: MEETING OF AUGUST 14, 2013**

**Members Present:**  
Dr. Daphne Calmes  
Dr. Chris Cooper  
Dr. Esteban Della Angelica  
Dr. Tom Drake (co-chair)  
Dr. Ronald Edelstein  
Dr. Iljie Fitzgerald  
Dr. Ed Ha  
Dr. Mark Noah (co-chair)  
Ms. Rikke Ogawa (ex-officio)  
Dr. Neil Schiller  
Dr. Carl Stevens (ex-officio)  
Dr. LuAnn Wilkerson  
Dr. Lacey Wyatt  
Dr. Chris Cooper  
Dr. Ed Ha  
Dr. Carl Stevens (ex-officio)  
Dr. Esteban Della Angelica  
Dr. Mark Noah (co-chair)  
Ms. Rikke Ogawa (ex-officio)  
Dr. Lacey Wyatt  
Dr. Chris Cooper  
Dr. Ed Ha  
Dr. Carl Stevens (ex-officio)  
Dr. Esteban Della Angelica  
Dr. Mark Noah (co-chair)  
Ms. Rikke Ogawa (ex-officio)  
Dr. Lacey Wyatt

**Students:**  
Steven Blum (C2015)  
Stephanie Cham (C2015)  
Michelle Sun (C2016)

**Guests:**  
Dr. Neveen El Farra  
Dr. Chris O’Neal  
Dr. Sebastian Uijtdehaage  
Joyce Fried  
Dr. Talia Spector  
Dr. Paul Wimmers  
Dr. Ming Lee  
Dr. Jan Tillisch

**Staff:**  
Margaret Govea  
Zachary Terrell  
Desiree White

**Time Called to Order:** 4:37 pm  
**Time Adjourned:** 6:30 pm

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<td>Review and Approval of July Minutes - Dr. Mark Noah</td>
<td>Dr. Noah asked members to review the minutes of the July meeting and send edits to Zachary Terrell within 24 hours of the meeting.</td>
<td>Minutes were approved.</td>
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| Updates from UCR – Dr. Neil Schiller | The second year UCR/UCLA students started Block 6.  
The well being program which includes a mentoring program will go into effect this year. | Informational |
| Updates from Drew – Dr. Daphne Calmes | Dr. Calmes announced two Faculty Development workshops that Drew is hosting on September 20 for their faculty teaching third and fourth year medical students in ambulatory clinics. | Informational |
| Using NBME Quality Criteria for HB&D Assessments – Dr. Sebastian Uijtdehaage | To reduce student anxiety as they prepare for Step 1, we:  
• Provide 2 NBME practice exams to students  
• Provide an online dashboard with Step 1 exam performance of previous classes  
• Survey students on Step 1 preparation. Students think NBME type questions help them prepare.  
• Add NBME type questions to weekly self assessments and practice exams (student initiative)  
• Encourage block chairs to include NBME type questions in final exams.  
Step 1 exam items are comprised mostly of clinical vignettes followed by a series of questions per vignette. True/False question (and all their varieties) are banned on Board exams. Dr. Uijtdehaage has conducted workshops on writing NBME style question for the past 10 years yet some final exams include items that do not meet NBME quality | The following motion was approved unanimously.  
Request the HBD subcommittee to examine various qualitative features of Block final exams and weekly quizzes for purposes of Quality Improvement. In one year, HBD will report what improvements they have made |
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<td><strong>As writing high-quality test items is time consuming, several solutions were discussed:</strong>&lt;br&gt;• Institute a period during which items that do not meet NBME standards are phased out by block chairs&lt;br&gt;• Involve upper level students in writing test items&lt;br&gt;• Purchase items from the NBME exams by the topical areas covered by the Block.&lt;br&gt;• Involve the various PhD block educators in improving the quality of the test items.</td>
<td><strong>The MEC praised the review process and recommended that the Clerkship Chairs continue the review process and focus on issues of consistency.</strong> Recommended that in addition to the written report and presentation slides, each clerkship complete the Clerkship Review Report Summary Table.</td>
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<td>Clerkship Review Process – Dr. Lee Miller</td>
<td>Dr. Miller presented the curriculum review criteria for the clerkships and summarized the 2011-12 review process. Clerkships are reviewed every two years and the process gives the Clerkship Chairs the opportunity to identify any issues that have been addressed and describe quality improvement plans for the next year.&lt;br&gt;The review process has prompted some clerkship chairs to use it as an internal review process and meet with site directors to work towards consistency in teaching and evaluation across sites.&lt;br&gt;The evaluation process is an area of ongoing challenge for the clerkships because of numerous sites and evaluators. Adding to the mix this year is the change in the evaluation system from a 7-point to a 5-point system. Additionally, the “below the line” comments not seen by the students sometimes differ widely from the comments that the students can see.</td>
<td><strong>The MEC did not vote on the proposal at this time.</strong>&lt;br&gt;The SAO is requested to investigate the logistics of adding Family Medicine to the Olive View, RRUCLA, and WLA VA Continuity Experiences.</td>
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<td>RRUCLA Continuity Clerkship – Dr. Neveen El-Farra</td>
<td>Dr. Neveen proposed that the RRUCLA Continuity Experience (Surgery, Psych/Neuro, Inpatient Medicine and Ambulatory Medicine) be expanded to include Family Medicine effective 2013. Since RRUCLA does not have a Family Medicine clinic, she proposes assigning students to Santa Monica so students can continue to work with UCLA faculty.&lt;br&gt;What does this do to the other students not in the RRUCLA Continuity experience? Since Santa Monica can only take 4 students, students not in the continuity will not have the option to rotate through Santa Monica for Family Medicine.&lt;br&gt;There are two other continuity experiences that would like to include Family Medicine in their experience (Olive View, WLA VA). The directors of those experiences should participate in this discussion.</td>
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<td>Step I Project Update – Steven Blum and Stephanie Cham</td>
<td>Student Survey of the Class of 2015 on Step I Initiatives instituted last year. (N = 138)&lt;br&gt;Initiatives included: adding NBME formatted questions to self assessments, practice exams and final exams; additional NBME voucher for self-assessment, group purchase of discounted QBank, coding exam questions by NBME topic area.&lt;br&gt;65% - Curriculum prepared them well for Step 1&lt;br&gt;61% - Faculty supportive of Step 1 initiative&lt;br&gt;78% - Satisfied or very satisfied with their score&lt;br&gt;75% studied 5 to 6 weeks during the dedicated study period. Many saw increases in</td>
<td>Informational</td>
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scores after 4th study week. Students felt most unprepared in Biochemistry and Embryology items on Step 1. |  |  
**Assessment Week Ratings**
18% - Assessment week useful in preparing for Step 1.  
72% - supplemental Biochemistry would be useful during Assessment week |  |  
**NBME Voucher (Issued end of December for use December to July)**
86% - Voucher useful  
60% - Used voucher in May (all students took Step I practice exam during the April Assessment week)  
30% - The second voucher would be useful in January of year 2  
79% - NBME type items on self-assessments were helpful |  |  
**Possibilities for change**
• Modify assessment week  
• Progress tracking (keyword exams) will be more useful for the Class of 2016 since it started in year 1, Block 2.  
• Add assessments and cumulative reviews throughout the year. | MEC will consider a proposal from the taskforce at the October meeting.  

| Clinical Skills Thread Proposal – Dr. Carl Stevens | The Clinical Skills Thread task force is comprised of Drs. Chris Cooper, Art Gomez, Michael Lazarus, Robert Oye, Carl Stevens, and Lacey Wyatt.  
The educational outcome of the current clinical skills program does not deliver the results we want based on CPX results, Clerkship Evaluations, and the Program Directors’ Survey. We have divided clinical skills into uncoordinated silos (Doctoring, Clinical Skills, Preceptorship, ME250.05, etc.). The curriculum has become fragmented, which may have led to less than optimal outcomes.  
The taskforce is developing a thread that merges the silos into a single authentic clinical experience. This new experience will require additional resources to buy faculty time so students can have more contact with one or a small team of faculty members at fewer clinical sites to ensure continuity over a prolonged period of time to ensure professional development.  
Task force will present a full report and proposal at the October meeting. |  |  

| Announcements – Dr. LuAnn Wilkerson | At its July 10 meeting, the FEC approved the following policies proposed by MEC.  
• **Duty Hours Policy for 3rd Year Clerkships** (Policy Updated)  
  o Weekly – non specified  
  o Maximum at one time - 28 hours  
  o Overnight call – max once a week  
  o Days off – once a week averaged over clerkship  
  o No Overnight call before exams  
  o No Overnight call day before Systems-Based Healthcare/Preceptorship  
  o Violations should be reported to the site director or SAO Dean | MEC unanimously passed the following modification to Duty Hours Policy for 4th Year  
• Weekly – 80 hours  
• Maximum at one time - 28 hours  
• Overnight call – max twice a week  
• Days off – once a week averaged over elective  
• Rest 10 hours between shifts |  |
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<td>• Mid Clerkship Feedback</td>
<td>All required 3rd year clerkships must assure students are given midcourse feedback by a faculty member, and have a written acknowledgement.</td>
<td>Same as ACGME for PGY2’s and above&lt;br&gt;Violations should be reported to the site director or SAO Dean</td>
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<td>• Observations During the Clerkship</td>
<td>All 3rd year students must be observed performing a history and physical on each required clerkship by a faculty member.</td>
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<td>• Residents as Teachers</td>
<td>All residents in Departments that have required clerkship will receive preparation to teach and assess medical students.</td>
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Currently the Duty Hours Policy for 4th Year does not include a system for reporting violations. The MEC proposed modifying the 4th year policy to include the same reporting system as the 3rd year duty hour policy.