**MEDICAL EDUCATION COMMITTEE**
**MINUTES: MEETING OF OCTOBER 8, 2014**

*Members Present:*
- Dr. Carolyn Alexander
- John Barber, MSI
- Dr. Tom Begaz
- Dr. Yvette Bordelon
- Dr. Daphne Calmes
- Dr. Stephanie Cham, MSVI
- Dr. Chris Cooper
- Dr. Tom Drake (co-chair)
- John Barber, MSI
- MacLean Sellars, MSII
- Dr. Catia Stenini
- Dr. Tomer Begaz
- Dr. Ron Edelstein
- Michael Klein, MSII
- James Weinberger, MSII
- Dr. Yvette Bordelon
- John Horton, MSI
- Dr. Lee Miller (ex-officio)
- Dr. Isaac Yang
- John Horton, MSI
- Dr. Denise Sur
- Dr. Daphne Calmes
- Michael Klein, MSII
- Dr. James Weinberger, MSII
- Dr. Stephanie Cham, MSVI
- Dr. Lee Miller (ex-officio)
- Dr. Michael Lazarus,

*Guests:*
- Dr. Clarence Braddock
- Dr. Peter Paull
- Dr. Sebastian Uijtdehaage
- Dr. Alan Chiem
- Dr. Elena Stark
- Dr. Jason Williams
- Dr. Yue Ming Huang
- Dr. Randy Steadman
- Dr. Carl Stevens
- Dr. Ali Hussein
- Dr. Margaret Stuber
- Dr. Margaret Stuber

*Staff:*
- Margaret Govea
- Gezelle Miller
- Zachary Terrell

*Time Called to Order: 4:37 PM*
*Time Adjourned: 6:25 PM*

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<td>Review &amp; Approval of September Minutes – Dr. Tom Drake</td>
<td>The minutes were reviewed.</td>
<td>Minutes were approved.</td>
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| Announcements – Dr. Tom Drake      | New MEC representatives were introduced:  
  - John Barber and John Horton (first year reps)  
  - Denise Sur, MD (FM Clerkship Chair)  
Dr. Uijtdehaage invited MEC members to the Symposium on the Science of Learning in Medical Education on October 10. Dr. Ollie Ten Cate will present on the role of Entrustable Professional Activities (EPAs). Additional information can be found at [http://apps.medsch.ucla.edu/symposium/](http://apps.medsch.ucla.edu/symposium/). | Informational |
| Ultrasound Curriculum Proposal – Drs. Randy Steadman and Carl Stevens | Dr. Braddock charged the taskforce to:  
  1. Define graduation competencies for medical students and specialty-specific competencies for residents in core specialties.  
  2. Create a framework for activities to be included in the medical school curriculum and GME  
  3. Identify the resources necessary to launch a major initiative over the next 6-12 month.  
Clinical ultrasound is performed and interpreted by physicians at the bedside, who use the findings to accomplish real-time patient management. | Motion: Endorse establishment of at least 2 levels of outcomes for EPAs related to the use of ultrasound in both the clinical and educational environments. Allow the details to be discussed with the various constituencies and brought back to the MEC. The motion passed. |
Incorporating ultrasound into UME is optimal for:
- Enhancing traditional learning
- Training future physicians to improve their diagnostic and patient management skills
- Promoting coordinated and efficient patient care, and
- Serving as a template for advanced specialty-specific or interdisciplinary ultrasound training in GME and CME.

Several studies show that medical students or junior trainees with ultrasound training are able to more reliably diagnose pathology than senior clinicians, including cardiologists and surgeons. About ten medical schools have or are planning to implement an integrated ultrasound curriculum across four years of UME.

Common key curricular elements include:
- Coordination with anatomy and physical diagnosis courses
- Access to simulated and “live” pathology
- Recurrent student evaluation of both image acquisition and interpretation
- Open access to ultrasound equipment for independent learning
- Development of peer instruction via either a longitudinal ultrasound course or student interest group
- Faculty with protected time to develop, coordinate, and revise these curricular activities to meet student and faculty interest.

Currently at UCLA, ultrasound education began with implementation of three ultrasound workshops integrated with HB&D anatomy course in the following areas: cardiac, abdomen, and musculoskeletal.

Currently Internal Medicine is training residents and faculty to the clinical use of ultrasound so we are creating faculty who have knowledge in ultrasound.

The taskforce proposes a tiered approach to achieving a comprehensive ultrasound education for DGSOM medical students.
- “Bronze” level – current state of ultrasound education at DGSOM
- “Silver” level – integration into the second year
- “Gold” level – adds the development of faculty champions and a longitudinal senior medical student elective
- “Platinum” level – adds a portfolio for every graduating medical student offering certification in bedside ultrasound competency for several common ultrasound procedures.

Discussion ensued and MEC members raised the following questions and issues.
- What level of entrustability are we looking for in our students?
- How do we train faculty members to the new technology?
- What older technologies do we give up to add ultrasound to the
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| revision of medical education committee bylaws | ultrasound curriculum?  
- For students who eventually practice outside of an academic environment or medical center, will ultrasound become common in all settings or will it quickly atrophy?  
- Which students "need" this training? Psychiatrists versus ER versus surgeon.  
- Safety issue – teach students when and how do to use so they do not use inappropriately.  
- Ultrasound brings the anatomy and physiology alive and students may approach those topics differently (with more interest). We would be able to teach human biology differently.  
- What is radiology’s role in the proposal as it could have a revenue impact on them? Collaboration is needed as images taken at the bedside need to be posted to the PAC system.  
- Add ultrasound to HBD curriculum and in electives for self-directed students pursuing residencies where ultrasound is used.  
- Can we refine these ideas into a competency continuum? Channel the enthusiasm of the MEC discussion into a phase of further refinement.  
- Take proposal to College Chairs, Clerkship Chairs, and HBD subcommittee for discussion and ideas for EPAs, especially the College Chairs.  
- Define basic competency for student which might mean fundamental change in medical student education  
- Define competency for faculty and residents  
- At this stage of planning, MEC should not be constrained by funding or how to implement.  
- Do we want to use ultrasound as an instructional tool?  
- MEC members reviewed and the edited Bylaws. The changes include clarifying the composition and role of the MEC Exec. The Vice Dean for Education, Dr. Braddock, will be a member of the MEC Exec committee. For all changes, refer to attachment.  
- Motion: A motion to accept the revised bylaws was proposed and passed unanimously. | |
| update from drew – drs. daphne calmes and ronald edelstein | The EPCC will review its bylaws at their upcoming meeting and discuss recommended changes. | Informational |