DMS Medical Education Committee
May 2008 Meeting

Goals and Principles in Planning
Changes to the Architecture of Year 3

3 Specific Plans for Discussion
General Purpose of the MEC

- The MEC has direct responsibility and authority for determining what is taught, learned, and assessed in all of the major competency areas. It designs the general architecture of each year, and decides what courses should be offered, placement of these courses, etc. The committee relies on the wisdom and experience of individual course directors, clerkship directors and their faculty to decide details of course content and evaluation strategies. The MEC makes specific recommendations concerning new and important content areas, modes of instruction, and especially techniques for assessing student achievement and performance in our six broad domains of competency. In all decisions, the MEC shall put the needs of medical student education ahead of narrower interests of individual courses, clerkships, or departments.
Specific Responsibilities of the MEC

As it does its work, the MEC will assure that it pays attention to the following specific objectives:

• 1. **Ensure that all relevant requirements of the LCME and various state boards of medicine are addressed by our UME curriculum:** For example, it is the responsibility of the MEC to be sure that our curriculum includes enough total weeks of instruction, and sufficient instruction in specific areas, to permit licensure of our graduates in every state. The MEC must also be able to document that our students are meeting specific learning objectives in every clerkship, and at every clerkship site.

• 2. **Maintain excellent channels of communication with both faculty and students, especially when reporting new policies or initiatives:** It is also important that the MEC listen carefully to the expressed needs of students, course directors, and faculty.
Reporting Relationships of the MEC

- The MEC is empowered to make and enforce all policies affecting the formal DMS curriculum leading to the MD degree. The Medical Education Committee reports directly to the Dean, and to the Faculty as outlined below. The Chair of the MEC will provide periodic updates to, and seek advice from, the Dean as part of their standing weekly meetings together. The Dean will arrange for periodic reports by the Chair of the MEC to the Dean’s Academic Board, especially when advice or input is requested. When the Dean determines that a new or proposed policy of the MEC represents a major change in the curriculum (e.g. approval of a new or deletion of an old course or clerkship, change in the architecture of a complete year, change in the grading system, etc.), then the Dean will refer the recommendation of the MEC to the General Faculty for discussion and ultimately approval of the new policy. In addition, the Dean will arrange for the Chair of the MEC to provide a yearly report to the general medical faculty as part of a scheduled faculty meeting. Finally, the Chair of the MEC will meet with any department at the department chair’s request to facilitate feedback and discussion, and will extend the same courtesy to the Student Government, when requested by the President of that organization.
Restructuring of Year 3
MAJOR GOALS

1. **Provide every student the chance to take at least four weeks of electives** during Year 3, without the need to delay a major clerkship to Year 4. (Students may also spend some of their elective time on extra board study time at the beginning of the year.)

3. **Increase “capacity” in all clerkships, or nearly all clerkships, to prepare for larger Y3 class size** that will hit us in 2-3 years (increase from 73 students to 83 students per year, on average)

5. **Help students with their career decisions** by providing earlier access to electives that will help with these decisions

4. Make sure that every clerkship ends up with enough time (weeks) to **satisfy any state licensure requirements, including California** (e.g. 8 weeks of surgery, 8 weeks of medicine, etc.)
MAJOR GOALS
(Cont’d)

5. Make sure that every clerkship ends up with enough time (weeks) to be at or above the US benchmarks for mean/mode number of weeks so that our students remain competitive on Step 2 Board exams, shelf exams, CLIPP exams, SIMPLE exams, etc.

7. Try to leave the Y3 schedule such that it could be changed again in five to ten years should that become necessary

7. Try to have all clerkship directors feel that their specific concerns were heard, and that they were treated fairly by the MEC
MINOR GOALS

1. Try to have elective time occur in December or later (to minimize competition with Y4 students, and to make sure that Y3 students have the necessary elective prerequisites)

2. To increase capacity (most necessary in Peds and Ob-Gyn, and least necessary – but still helpful! – in Med and Surgery)

3. Try to minimize major disruption in “feel” or scheduling to clerkships

4. To address the concerns of specific clerkships (i.e. very distant sites in Fam Med)
MINOR GOALS
(Cont’d)

5. Try to find a **final plan that meets the most important objectives of students** (as voiced through their MEC reps and student government), and **of the clerkship directors** (as voiced through direct meetings, CECD meetings, MEC, etc)

6. Revisit electives that can be taken in Y3 or Y4 in terms of whether any prerequisites are needed, and whether they would be open to Y3 students
<table>
<thead>
<tr>
<th>Clerkship</th>
<th>% schools at which required</th>
<th>Mean weeks</th>
<th>Modal weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amb care</td>
<td>41%</td>
<td>5.4</td>
<td>4</td>
</tr>
<tr>
<td>Neurology</td>
<td>80%</td>
<td>3.7</td>
<td>4</td>
</tr>
<tr>
<td>Fam Med</td>
<td>87%</td>
<td>5.6</td>
<td>4</td>
</tr>
<tr>
<td>Int Med</td>
<td>100%</td>
<td>11.6</td>
<td>12</td>
</tr>
<tr>
<td>Ob-Gyn</td>
<td>99%</td>
<td>6.5</td>
<td>6</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>100%</td>
<td>7.3</td>
<td>8</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>100%</td>
<td>5.7</td>
<td>6</td>
</tr>
<tr>
<td>Surgery (gen)</td>
<td>100%</td>
<td>8.4</td>
<td>8</td>
</tr>
<tr>
<td>Surgery (subspec)</td>
<td>48%</td>
<td>4.4</td>
<td>4</td>
</tr>
</tbody>
</table>
California Licensure Requirements

<table>
<thead>
<tr>
<th>All clinical courses</th>
<th>Total 72 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 core disciplines</td>
<td>Total 40 weeks</td>
</tr>
<tr>
<td>Surgery</td>
<td>Minimum 8 weeks</td>
</tr>
<tr>
<td>Medicine</td>
<td>Minimum 8 weeks</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Minimum 6 weeks</td>
</tr>
<tr>
<td>Ob-Gyn</td>
<td>Minimum 6 weeks</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>Minimum 4 weeks</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Minimum 4 weeks</td>
</tr>
</tbody>
</table>
Model A: 4x12 Plan
Four blocks of 12 weeks each
AY 2009-2010

- 6/22-6/26  ICE and Orientation (5 days)
- 6/29-9/18  Block 1 (12 weeks, 8+4 or 6+6)
- 9/21-22    ICE, class meeting (2 days)
- 9/23-27    Break (5 days)
- 9/28-12/18 Block 2 (12 weeks, 8+4 or 6+6)
- 12/21-22   ICE, class meeting, mid-year OSCE (2 days)
- 12/23-1/3  Winter Holiday (12 days)
Model A (Cont’d)

• 1/4-3/26  Block 3 (12 weeks, similar)
• 3/29-3/30  ICE, class meeting (2 days)
• 3/31-4/4  Break (5 days)
• 4/5-6/25  Block 4 (12 weeks, similar)
• 6/28-6/30  ICE, class meeting, year-end OSCE, Mock Interviews (3 days)
• 7/1-4  Break (4 days)
• 7/5  Begin Year 4
Model A: Basic Facts

1. Four blocks, each of 12 weeks
2. Two blocks would contain two six-week clerkships
3. Two blocks would contain 8 weeks of Medicine or Surgery, plus 4 weeks of an elective
4. Medicine or Surgery would be:
   - M-M-E
   - M-E-M
   - E-M-M
5. Medicine and Surgery would be able to meet with students one afternoon per week, over 12 weeks, for didactic sessions and new simulation training
Model A: Basic Facts (Cont’d)

4. Total duration of Year 3 would be:

<table>
<thead>
<tr>
<th>Course</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>8 weeks</td>
</tr>
<tr>
<td>Surgery</td>
<td>8 weeks</td>
</tr>
<tr>
<td>Psych</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Fam Med</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Ob-Gyn</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Peds</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Electives</td>
<td>8 weeks</td>
</tr>
<tr>
<td>ICE/Orientation/OSCEs (14 days)</td>
<td>3 weeks</td>
</tr>
<tr>
<td>Breaks/vacation (26 days)</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>

Total duration 55 weeks
Model A: Advantages

1. Easy to schedule; 4 even blocks of 12 weeks each
2. Keeps Year 4 within its usual boundaries
3. Strengthens Medicine and Surgery
4. Allows simulation activities to be included in Medicine and Surgery blocks (12 weeks)
5. Brings class together every 12 weeks
6. Never goes more than 12 weeks without a break
Model A: Advantages (Cont’d)

7. Allows travel to/from distant sites on weekends
8. Keeps Year 3 in synch with Year 4 (4-week blocks line up perfectly)
9. Permits future changes to Year 3 more easily (doesn’t shift year later, hard to correct)
10. All clerkships except for Peds would be at their national mean or mode lengths
11. Provides each student with two elective blocks, fall and spring, each 4 weeks long
Model A: Disadvantages

1. Four clerkships are reduced in time from 7 weeks to 6 weeks, with proportional reduction in patients seen, conferences, didactic sessions, etc.

2. Forces these four clerkships to reassess what should be, can be taught in 6 weeks

3. Peds, at 6 weeks in length, would be 1 to 2 weeks below its national mean (7.3-8.2) and mode (8.0); this is perhaps our most vulnerable clerkship based on USMLE Step 2 CK scores

4. Medicine and Surgery will be discontinuous for many students
Model A: Disadvantages (Cont’d)

5. Minimal orientation period before clerkships begin for time in the simulation center

6. Students will find considerable competition with Year 4 students for electives, Neuro, or GAM in the first half of year, and may not be qualified for some of those electives in terms of clerkship prerequisites (e.g. ICU); this could make the fall electives much less valuable to Year 3 students

7. May force faculty to reconsider prerequisites for electives, especially in first half of year
Model B: 7x7 Plan with Delayed Start
Seven blocks of 7 weeks each
AY 2009-2010

• 6/29 to 7/17  
  ICE, orientation, simulation, surgery skills (15 days)

• 7/20 to 9/4  
  Block 1

• 9/7 to 10/23  
  Block 2

• 10/24 to 11/1  
  Vacation (9 days)

• 11/2 to 12/18  
  Block 3

• 12/21 to 12/22  
  ICE and OSCEs (2 days)

• 12/23 to 1/3  
  Holiday vacation (12 days)
Model B (Cont’d)

- 1/4 to 2/19  Block 4
- 2/22 to 4/9  Block 5
- 4/12 to 5/28 Block 6
- 5/31 to 7/16 Block 7
- 7/19 to 7/21 ICE, OSCEs, Mock Interviews (3 days)
- 7/22 to 7/25 Break (4 days)
- 7/26        Begin Year 4
Model B: Basic Facts

1. Seven blocks, each of 7 weeks

3. One of these blocks contains up to 7 weeks for electives

3. Nearly all elective blocks would be after the Holiday vacation
4. Total duration of Year 3 would be:

<table>
<thead>
<tr>
<th>Department</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>7 weeks</td>
</tr>
<tr>
<td>Surgery</td>
<td>7 weeks</td>
</tr>
<tr>
<td>Psych</td>
<td>7 weeks</td>
</tr>
<tr>
<td>Fam Med</td>
<td>7 weeks</td>
</tr>
<tr>
<td>Ob-Gyn</td>
<td>7 weeks</td>
</tr>
<tr>
<td>Peds</td>
<td>7 weeks</td>
</tr>
<tr>
<td>Electives</td>
<td>7 weeks</td>
</tr>
<tr>
<td>ICE/Orientation/OSCEs/Surg skills (20 d)</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Breaks/vacation (25 days)</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>

Total duration: 57 weeks
Model B: Advantages

1. Easy to schedule; seven even blocks of 7 weeks each
2. Allows simulation activities to be included in the opening 3 weeks
3. Brings class together 3 times for ICE and OSCEs
4. Never goes more than 21 weeks without a break
5. Allows travel to/from distant sites on weekends
6. All clerkships except Surgery and Peds would be at or above national mean or mode.

8. All students would have one 7-week block for electives, located after Holiday Vacation, when Year 3 students would have less competition from Year 4 students, and be more qualified for electives in terms of prerequisites.
Model B: Disadvantages

1. Surgery would need added time for related material in the opening 3 weeks to meet California requirements and national benchmark

3. Peds would remain slightly short of the national mean and mode

3. Seven weeks is an irregular rhythm, and would be somewhat out of synch with Year 4 electives
Model B: Disadvantages (Cont’d)

4. The launch of clerkships in Year 3 would not occur until July 20. This would make it much more difficult in the future to change the Year 3 architecture, since once a year is delayed, it is very, very hard to shift it back earlier.

6. Year 3 would run as late as July 25. This would delay the launch of Year 4 by 3-4 weeks. Students are unhappy with this feature, and also with the delay of the first clerkship in Year 3 by 3 weeks.

6. Both Medicine and Surgery would have slightly shortened clerkships (from 7.5 weeks to 7 weeks).
Model C: 7x7 Plan, Regular Start
Seven blocks of 7 weeks each
AY 2009-2010

6/22 to 6/26
ICE, orientation, Surgery Skills Introduction (5 days)

6/29 to 8/14
Block 1

8/17 to 10/2
Block 2

10/5 to 11/20
Block 3

11/23 to 11/24
ICE, OSCEs, Surgery skills (2 days)

11/25 to 11/29
Thanksgiving Break (5 days)

11/30 to 12/20
First “half” of Block 4 (3 weeks)

12/21 to 1/3
Holiday Vacation (14 days)
Model C (Cont’d)

1/4 to 1/29 Second “half” of Block 4 (4 weeks)
2/1 to 3/19 Block 5
3/22 to 5/7 Block 6
5/10 to 6/25 Block 7
6/28 to 6/30 ICE, OSCE, Mock Interviews (3 days)
7/1 to 7/5 End of Year Break (4 days)
7/6 Begin Year 4
Model C: Basic Facts

1. Seven blocks, each 7 weeks long
2. One of these blocks contains up to 7 weeks for electives; suggest spending one week on vacation
3. Nearly all elective blocks (4-7) would be December or later
4. Total duration of Year 3 would be:

- Medicine: 7 weeks
- Surgery: 7 weeks
- Psych: 7 weeks
- Fam Med: 7 weeks
- Ob-Gyn: 7 weeks
- Peds: 7 weeks
- Electives: 7 weeks
- ICE/Orientation/OSCEs/Surg skills (10 d): 2 weeks
- Breaks/vacation (23 days): 3 weeks

Total duration: 54 weeks
Model C: Advantages

1. Easy to schedule; seven even blocks of 7 weeks each

3. Allows surgery and simulation activities to be included in the opening week and during ICE breaks (2-3 days)

5. Brings class together twice for ICE and OSCEs

4. Never goes more than 21 weeks without a break
Model C: Advantages (Cont’d)

5. Allows travel to/from distant sites on weekends
6. All clerkships would be at or near or above national mean or mode
7. Nearly all elective periods would be December or later, with more openings for Y3 students
8. Nice timing of break of Thanksgiving, when faculty and residents are on holiday schedules
9. Nice scheduling at beginning of Holiday Vacation
9. Nice timing for break over Fourth of July at end of Year 3

10. Timing of Y3 (start date, end date) would remain very similar; consistent with other schools; easy to modify at a later date if necessary

11. All elective blocks fall December or later, making it easier for Y3 students to compete for and be qualified for clinical electives
Model C: Disadvantages

1. Surgery would need added time for related material in the opening week and at other times, to build back toward 8 weeks total (2 days less than current schedule)

3. Peds would remain slightly short of national mean (7.3 weeks)

4. Seven weeks is an irregular rhythm, and would be out of synch with Year 4 electives
4. Block 4 would include 3 weeks prior to Christmas Vacation, and 4 weeks after. **This would be inconvenient for the few students at very distant sites (1 in Alaska, 2 in Arizona, 2 in Keys), and would interrupt all clerkships in roughly the middle.** (Although many change services at that time anyway.)

5. Medicine, Surgery, and Peds would have slightly shortened clerkships (from 7.5 weeks to 7 weeks)