# HEALTH SCIENCES FACULTY COUNCIL
## Minutes
### February 4, 2014

Present: B Best, R Clark, B Cosman, D Granet, L Hill, J Hirsch, S Huang, H Kimmons, L Martin, R Mehta, C Miller, J Resnik, A Ries, C Saenz, T Savides, M Savoia, G Yung

Unable to attend: D Brenner, J Dixon, R Espiritu, L Friedman, B Smith

Absent: R Smith

Guests & Speakers: M Savoia, S Hayden, J Mandel, C Kelly

Recorder: C Caisip

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<th>Call to Order and Approval of Minutes</th>
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<tr>
<td>Chair Martin called the meeting to order at 5:07 p.m.</td>
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<td>Minutes for the January 2014 meeting were submitted for approval.</td>
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<th>Chair Announcements</th>
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<td>Chair Martin announced that for the March meeting, there will be one speaker followed by a roundtable discussion of goals, expectations of the HSFC, and having a more active role in leadership.</td>
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<tr>
<th>Dr. Maria Savoia, Dean, Medical Education</th>
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<td>Dr. Savoia gave a brief introduction of the presentations.</td>
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<td>Dr. Savoia addressed the budget and how state funds for education are being used to fund other cuts in the School of Medicine (SOM).</td>
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<th>Jess Mandel, Associate Dean, Undergraduate Medical Education and Professor of Clinical Medicine</th>
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<td>Dr. Mandel updated the committee on relevant Academic Senate actions and current curricular works in progress.</td>
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<td>At the Academic Senate meeting on January 28, 2014, the following policy changes were approved: formal use of Near Honors grade in core clinical clerkships, differentiation of how incompletes are handled in the SOM and the empowerment of SOM to handle grade changes and appeals, and a change in the Bylaws regarding reporting of Student Affairs</td>
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Click here to see the presentation:

Presentation Mandel 02042014.pdf
Committee (SAC), Recruitment and Admissions Committee (RAC), and Standing and Promotions Committee (SPC), as well as the approval process for endowed chairs.

- The formal use of Near Honors has been part of the clerkship grading scheme for the last 15 years and there have been issues and confusion because this was not included on transcripts. The policy change should resolve the issue and near honors will be designated on the transcript.

- Grading policies on the main campus are geared towards the main campus which has been problematic for SOM. An incomplete grade will become a failure if the incomplete is not made up in the next quarter. However, in the SOM, certain classes are offered only once a year, resulting in failures. The SOM will now be able to handle grade changes and appeals directly to help address this issue.

- There is a change in the bylaws regarding the reporting relationship of the SAC, RAC and SPC. They will now be reporting to the SOM/Committee on Educational Policy (CEP). In addition, the approval process of endowed chairs will now be handled by the HSFC.

- Dr. Mandel then discussed several curricular works in progress: clinical curriculum, ultrasonography curriculum, global health track, and the core entrustable professional activities for entering residents.

- In the clinical clerkships 2013 AAMC questionnaire, the alignment of UCSD students with the national mean are stable but we feel that we should substantially exceed the mean. Common problematic issues include limited contact with faculty, evolution of rounds from teaching rounds to work rounds, inconsistent
workloads, limited on call experiences which adversely impacts residency preparedness. There is also limited observation and feedback on oral and written presentations.

- A committee chaired by Thomas Savides made some recommendations regarding the evolution of clerkships. These included master clinicians for each clerkship, faculty development programs, increasing the flexibility of rotations/electives in the 3rd and 4th years, and increasing longitudinal experience from ½ day to full day each week. Other models were looked at, and there is no school that fits this exact model. We are taking an evolutionary view of clerkship changes, recognizing that not one size fits all, but to partner one-on-one and work with each clerkship to improve.

- Creating incentives to teaching faculty is one area that needs to be addressed. Drs. Savoia and Mandel will be meeting with medical education deans from other UC medical school campuses. There is a lot of interest in having a common accounting for teaching, and a systemwide approach to educational RVU might be helpful.

- Dr. Mandel discussed the ultrasound curriculum. Ultrasound is increasingly being used, is a standard of care for many bedside procedures, and has the potential utility to students both as a clinical tool and as a teaching tool. The curricular plan involves introducing ultrasound in the MS2 year, and it will be a hands-on small group curriculum where students will learn skills in ultrasounds, how they work, etc.

- In the global health track program, 5-10 students are accepted with the didactic core curriculum. The program is approved in concept by the CEP. However, funding remains
an unresolved issue.

- For the core entrustable professional activities, the idea is to standardize the appropriate expectations of what an intern can do and to coordinate efforts with AAMC to develop standards.

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<th>Dr. Stephen Hayden, Associate Dean for Graduate Medical Education and DIO, and Professor of Clinical Medicine</th>
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<td>Dr. Hayden provided an update of the ACGME and the clinical learning environment.</td>
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<td>Dr. Hayden had the opportunity to become a site visitor for the Accreditation Council for Graduate Medical Education (ACGME) to do clinical learning environment reviews. He has done two site visits and discussed the 6 focus areas of CLER and his experience doing the visits.</td>
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<td>For the CLER visits, six focus areas are evaluated: patient safety, duty hours/fatigue management, healthcare quality, supervision, transitions of care, and professionalism. ACGME expects the focus areas to be integrated and working well together.</td>
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<td>For the visits, a team of site visitors visits a facility unannounced. The team meets with the “C” suite, senior management, patient safety group, residents, faculty, and program directors. The team is able to walk the wards, ED, OR, adjacent clinics, or other areas the team requests. The team can meet with and talk to various people i.e. the charge nurses, residents,</td>
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- Q: Colleagues at UCLA noted that over documenting by attending physicians takes time away from teaching. UCLA is using scribes for senior residents. The attending can attest to scribe notes, has all the billing qualifications, and frees up attendings. Has this been looked at for UCSD?

- A: The requirements for a scribe are very precise and scribes aren’t able to have independent interaction with patients. The goal is to get students to an increased level of responsibility. Thus, scribes should be undergrad students, and not medical students. Instead of the attending doing the documenting, he/she can teach, and this arrangement has been received positively.

Click here to view the presentation:

Presentation Hayden GME CLE Report HSFC
• There is an emphasis on meetings with the CFO, CEO, and/or the CNO to see what they know about resident education. Questions address concerns such as areas of priority and patient safety goals.

• Audience response clickers are used by residents, faculty members, and program directors to answer standardized questions. Some of the questions include: what is the environment between nurses and residents/faculty and residents, what system is used to check if a resident is competent, how are handoffs accomplished, and observations of the sign out process.

• At the conclusion of the visit, a report is then put together and contains specific questions. The preliminary findings are communicated to the institution in a written report, and feedback is given before leaving the site.

• Visits occur approximately every 18 months.

• Dr. Hayden met with Paul Viviano and

• Q: Does the institution have a time period to make changes?
  • A: The visits are not accreditation visits and citations are not issued. However, if something egregious is observed, events would be triggered so that findings are reported to ACGME who will take action. The visits are performance improvement visits where recommendations are given. The institution has until the next cycle (approximately 18 months) to improve.

• Q: Are you getting a true snapshot of the institution in a short period of time?
  • A: During the visits, certain themes begin to develop and a consistency in answers begins to emerge. Surprisingly, the site visit format is a better way to evaluate compared to holding a formal meeting discussing policies.

• Q: How will this mesh with program directors?
  • A: This is linked together at the back end. The reports go to the Clinical Learning Environment Review committee and the committee generates a final report to the ACGME who will feed information to the RRC. This report will be one of the metrics in the next accreditation measures. The CLER committee doesn’t generate citations, but data provided to the RRC can result in citations from the RRC.
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| Dr. Carolyn Kelly,  
Associate Dean for  
Admissions and  
Student Affairs, and  
Professor of  
Medicine, In Residence | discussed their expectations of him and the “C” suite. The health system is fully aware of the ACGME approach and how the learning environment is changing. A positive change is stressing what is happening at bedside and the focus on patient-centered care and education. ACGME is convinced that residents are imprinted by the environment that they are learning in. Faculty need to evolve and be engaged in clinical practice alongside the residents. |
|---|---|
| Dr. Kelly gave an update on admissions and student affairs, and discussed how faculty play a critical role in medical school admissions.  
There are 125 positions in the entering class, and different programs that take other students. A global health track may be added which will accept 8-10 students.  
The applicant pool has gone up by 31%, but staff has been reduced from 4 people to 2. However, the job is still being done with the support of faculty.  
Dr. Kelly reviewed the demographics of the 2014 applicant pool. AMCAS described 8% of the applicant pool as socioeconomically disadvantaged. There was no majority group in the applicant pool.  
Selection is based not only on academic metrics, but also socioeconomic background, letters of recommendation, extracurricular activities, and interview performance.  
There are some new initiatives in admissions at UCSD and one initiative is the pilot of Multiple Mini Interviews (MMI).  
The MMI utilizes raters to assess applicant responses to a set of standardized questions. There are 8 stations in this process, and each | Click here to view the presentation:  
Presentation Kelly  
ASA Faculty Council © |
Interviewee goes through the same stations. The scenarios are set up to examine the personal attributes of the applicant.

- Mostly pros to this approach. The raters provide immediate feedback after the interviews. There is also robust data that demonstrate a correlation between the MMI performance and clinical performance.
- The cons include a loss of personal connection between interviewer and applicant. In this process, there are two parallel tracks occurring simultaneously. There are two cycles of applicants which amounts to 32 student interviews in the morning, and then a debriefing period in the afternoon.
- Observations to date are that most raters enjoy the process, most applicants view it as “fair,” and that women outperform men overall. There is also a poor correlation between academic metrics and MMI performance.
- The MMI is one part of the admissions process and not the sole determinant. The MMI scores will get melded with academic metrics and other deliberations.
- Of people that get admitted, in the publications on clinical performance that come from Canada, the data shows that the better the MMI score, the better the clinical performance.
- The goal is to get a group of students that are strong academically and in the “soft skills” examined by MMI.
- UC has formed a consortium of UC medical schools led by UC Davis to research and compare MMI scores with traditional scores and see how these scores correlate. A variety of research questions are being formulated which can be addressed with this unique database.
- Challenges in the recruitment process include
the narrowing tuition gap between private schools and UC, losing students to schools with higher US News and World Report rankings, and the stiff competition for students from groups traditionally underrepresented in medicine.

| Dr. Gordon Yung, Chair – Committee on Educational Policy and Clinical Professor, and Dr. Sherry Huang, Chair, Graduate Medical Education Committee and Residency Program Director | • Dr. Huang presented to the CEP that a new policy was created to direct the selection of training program directors (PD). A move to recommend program directors who are also division chief or chair plan a succession plan so that eventually all program directors would not hold the dual role of chief as well. Exceptions to the policy can be made and granted for small programs with few able faculty to serve as PD, as well as programs in whom changing the PD would hurt the program. A GMEC policy has been created to address this issue so that trainees can feel protected in an environment where the person speaking for them is not the person handling the financial decisions. The GMEC can help to identify new directorship.  
• The basic idea is that residents and trainees have an avenue to express concerns and have the opportunity to talk to somebody other than the division chief.  
• There is language not to promote near relative, and new language will be added to phase this out and provide instruction on how to request an exception. | • Q: Who will evaluate if a department is eligible for the escape clause?  
• A: A subcommittee will provide guidance. |

| Old Business | NO OLD BUSINESS WAS DISCUSSED  
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| New Business | NO NEW BUSINESS WAS DISCUSSED  
• | |
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<th>Adjournment</th>
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| Next Meeting| • **Tuesday, March 4, 2014, 5:00 to 6:30 pm**
              |  Dean’s Large Conference Room BSB 1320 |
| Action Items| • No action items at this time.          |