# Present: L. Eisner, J. Libien, R. Ovitsh, B. Trauner, C. Brunson, J. Odackal

Guest Speakers: Drs. Jeanne Macrae and Klara Papp

# **Career Exposure Opportunities**

The new Career Exposure Opportunities page on PRIME is completed and was demonstrated to the CEPC. There were 18 CEOs (as of 6/21 there are 21), each described clearly on the students' Home Page on PRIME.

# **USMLE Step 2 Clinical Skills**

Dr. Macrae and Dr. Papp were invited to discuss what the COM is doing to try to improve the Step 2 CS scores. Dr. Macrae stated that unfortunately the practice clinical skills exam with standardized patients at Einstein is not a good predictor of who is going to do poorly on Step 2. There are a number of students who failed the data-gathering portion of the practice version. These students received remediation during their sub-internship and passed the real exam. In the real exam, students are failing in the communication skills part of the exam. Dr. Macrae hypothesized why students are failing this part.

- 1) Students do not have adequate clinical exposure that mirrors the quick pace on the exam.
- 2) Students lack interpersonal communication skills.
- 3) Students do not practice the actual clinical skills procedures of the exam.
- 4) There is no enough direct observation of the students with patients.

Dr. Macrae is hoping that the new curriculum structure will increase pre-clerkship clinical exposure. The longitudinal element of the primary care clerkship is designed to shorten the visit, quicken the pace and produce a little time pressure for students. There will also be some additional funding for more standardized patients. In addition to the one standardized patient experience in primary care that currently exists, there is money for another at the end of medicine and at the end of the pediatrics clerkships. This should increase direct observation of the students within the clerkships.

Dr. Papp stated that the opportunities for direct observation of clinical skills that Dr. Jeanne Macrae is introducing into the curriculum will enable the faculty to identify and help students who are at risk for not passing USMLE Step 2 CS. She also stated that the NBME has significantly changed the way that USMLE Step 2 CS is being scored this year. There is much more emphasis placed on assessing students' diagnostic thinking and clinical reasoning and their ability to justify the differential diagnosis that they establish for each patient. In light of the changes that the NBME has implemented, we also changed our scoring procedures for our Clinical Skills Exam. Students will receive much more granular information on their performance indicating how they performed on history-taking and physical exam, communication as well as the patient note. She indicated that with these new procedures in place we plan to identify and help students who are at risk of failing. She is preparing to report results of the CSE and how our students fared on the USMLE Step 2CS this year to CEPC when score reports become available. The current cohort of students has just about completed the clinical skills exam at Einstein we have about 2/3 of the class finished. However, none of these students has completed USMLE Step 2 CS yet. The report to CEPC would include both the CSE (our in house exam) as well as results of USMLE Step 2 CS (which have yet to be taken).

### **MS3** Core Clinical Electives

It was mentioned that the Dean's Council discussed the grading mechanism for the two-week electives. Currently, all electives are graded; honors, high pass, pass, and fail. The two-week elective can count towards the maximum weeks in one specialty so they agreed with the CEPC motion to increase the maximum in one specialty to 10 (This has also been approved by the Executive Committee) and to consider grading all two-week electives Pass/Fail starting with the Class of 2014. The CEPC Committee voted to approve that all two week electives be graded the same way and should be graded Pass/Fail. The issue of the level of the learning objectives for these MS3 electives was also raised. There is some confusion over the purpose of these two-week MS3 electives vs the Career Exposure Opportunities offered to MS1 and MS2. It was acknowledged that when CEPC approved the concept of these electives it was not thought that they are merely for the purpose of career exposure. Some faculty felt that the objectives should remain at a non-performance level in which patient care skills would not be practiced or developed. Others felt that the objectives should require that students practice their history-taking and physical exam skills in a focused way according to the specialty. Following the meeting, Dr. Eisner asked for an email vote on a motion to approach clinical departments with suggestions for higher level learning objectives for these electives. The vote was 7 For, 3 Against and 1 Non-response. As of June 21 this process has been started and 10 departments or divisions have approved higher level objectives (Ophthalmology, Otolaryngology, Pathology, Allergy/Immunology, Gastroenterology, Cardiology, Neurology, Emergency Medicine, Dermatology, Infectious Disease), one did not approve (Pediatric ID) and one does not approve any of the learning objectives and has withdrawn the elective (Rheumatology).

# **Block Evaluation by Teaching Faculty**

A suggestion was made that teaching faculty should evaluate the structure and running of the block that they teach in to have more input. There are different levels of support from the block directors. Dr. Papp stated it was a good idea because faculty members are our huge stakeholders in the success of a block. It would be a vast improvement if we ask faculty what level of support they received from their department. We can also ask faculty how can we improve and do better to support your work in conducting the business of this block. Dr. Papp will work on an evaluation form for the next year and will present to the committee for review.