

Block 1 Review and Action Plan 2008

Block Leader Dr. Scott Frank

Summary:

Block 1 initiates the student's life-long learning in medicine and health and sets a foundation for building careers of scholarship, clinical expertise, compassionate healthcare, and civic professionalism. This is accomplished through teaching the basic sciences of population health; through involvement of patients in the educational process; through introducing students to data-based community assessment; and through Inquiry Group focus on cases illustrating health care in the context of the health system that confronts physicians today. Population health teaching includes epidemiology; biostatistics; health informatics; health systems and policy; social and behavioral health; quality improvement; preventive medicine; bioethics and environmental health.

While these topics are foundational, we are challenged by their breadth, depth and complexity. Inherently, like all Blocks, some students will be predisposed to value this content, while others (perhaps more than in other blocks) will view it as "soft," peripheral, or different than their personal expectations of medical school curriculum. It is our challenge to demonstrate the value of population health to all students.

Substantial changes were integrated in to Block 1 in 2008 including reorganization of the large group teaching with less repetition (a common complaint before, not now); consistent patient involvement (weekly); and reorganization of Block content. Longitudinal projects were added with the intent of allowing students to "get their hands dirty" working with epidemiologic data; and introducing students to a health promotion project.

Overall, considering the extent of revision and the limited preparation time for the design team, the block went very well. Block ratings were slightly lower than the second year of offering the previous approach and substantially higher than the first year the curriculum was offered. We anticipate that the revised Block 1 will experience a substantial jump in student ratings when integrating suggestions and consolidating changes for next year.

Block 1 (0809) Class of 2012: Overall Block Questions

		S.D.	N	'12	'11	'10
Q1	Clarity of goals, objectives and expectations	1.17	166	3.7	4.1	3.1
Q2	Organization and coherency of the Block overall	1.17	166	3.5	3.9	2.4
Q3	Effectiveness of Block in helping you reach the learning goals	1.13	166	4.0	4.3	3.4
Q4	Approachability of faculty	1.19	166	4.5	5.0	4.7
Q5	Effectiveness of large group leader (lecturers)	1.05	166	4.1	4.7	3.6
Q6	Effectiveness of your IQ Group Facilitator(s)	1.05	166	5.1	4.9	5.0
Q7	Communicating how you would be assessed	1.28	166	4.0	4.2	2.9
Q8	Overall quality of this Block	1.12	166	3.8	4.5	3.1
Q21	Diabetic Field Experience.	1.74	166	3.4	N/A	N/A
Q22	HIV Field Experience	1.69	165	3.9	N/A	N/A

Responses: [P] Poor=1 [F] Fair=2 [A] Average=3 [G] Good=4 [VG] Very Good=5 [E] Excellent=6

Learning activities to master skills and competencies

		S.D.	N	'12	'11
Q9	Independently	1.31	166	5.7	5.7
Q10	Case IQ Groups	1.44	166	5.1	5.1
Q11	Large group sessions (entire class)	1.33	166	4.6	4.5
Q12	Memorizing information	1.69	166	4.0	3.9
Q13	Building conceptual models	1.36	166	5.2	5.1
Q14	Using the recommended resources	1.53	166	4.8	4.9
Q15	Reading self-identified resources	1.44	166	3.8	4.5
Q16	Consulting experts	1.62	166	3.0	3.3

Responses: [LI] Little importance=1 [B] 2=2 [C] 3=3 [D] 4=4 [E] 5=5 [F] 6=6 [MI] Major importance=7

What Worked

1. Cases.
 - a. Pandemic Flu; Diabetes; well adult care/alcoholism; STI/adolescent health; wrong site surgery/systems error
 - b. All cases will be reviewed to clarify goals and teaching objectives, readings, and “ideal answers”.
 - c. The diabetes case receiving most criticism from students and IQ Facilitators.
2. Large group sessions involving patient correlations.
 - a. With a few exceptions, patient centered presentations were effective and well received.
 - b. Sessions occurred once per week and included: 1) Shared Medical Appointment for Diabetes; 2) Alcoholism; 3) How to Heal: Lessons from the Biology of Wound Repair; 4) Anatomy of an Illness: AAA; 5) HIV Caretaker panel
3. Summer Reading/Book Club.
 - a. Students came prepared and feedback indicates they believe this is a valuable component of the Block.
 - b. Suggestions for this year’s book will be solicited from Class of ’12 students (The Spirit Catches You and You Fall Down, Anne Fadiman has received much support).
4. Health Promotion Project.
 - a. Clearer instructions and technical enhancements would improve the project
 - b. Considering randomizing IQ groups with different instructions (suggested by Class of ’12)
5. Pandemic Flu Tabletop Exercise.
 - a. Useful, popular.
 - b. Should be done in a 6 hour rather than 4 hour block.
 - c. Community involvement was highly valued.
6. Weekly themes.
 - a. Population Health.
 - b. Management of Chronic Disease.
 - c. Preventive Medicine.
 - d. Health Disparities.
 - e. Medical Systems Error.

Areas for Improvement and Change

1. Population Health Project.
 - a. This project resulted in very effectively produced reports, but was considered too long and too repetitive by students.
 - b. Use of public available data only was problematic. Data available was primarily demographic, with little health data available.
 - c. Negotiations are underway to make school level data from the Youth Risk Behavior Survey in Cleveland Municipal School District Middle schools available.
 - d. Students wanted a qualitative component to the community assessment, with activities such as contact with key community informants or focus groups; windshield or walking surveys of the community. Plans are to integrate these activities as a field experience.
 - e. Need for more expert facilitators supporting the project.
2. Block organization and coherency, including clarity of goals and objectives.
 - a. Many changes and relatively short time contributed to organizational issues.
 - b. We will seek stability in the Block by making few changes to the overall structure, allowing an opportunity to consolidate efforts and enhance coherency.
 - c. Broaden MCQs
 - d. Sharpen SEQs and “ideal answers”
3. Integration of epidemiology and biostatistics.
 - a. There were concerns about the balance between teaching in epidemiology and biostatistics.
 - b. Need for more practical applications of epidemiology and biostatistics within the Population Health Project.
 - c. Insufficient curricular time to address foundational epidemiology and biostatistics.
 - d. Consider a journal club component to the block, utilizing epidemiology and biostatistics skills.
4. The diversity of large group leaders (lecturers).
 - a. Content areas included:
 - i. Population health (13).
 1. Overview.
 2. Epidemiology.
 3. Biostatistics.
 4. Informatics.
 - ii. Determinants of Health (3).
 1. Social.
 2. Behavioral.
 3. Environmental.
 - iii. Health Systems and Policy (5).
 1. Health disparities.
 2. Understanding the US health system.
 3. Global health systems.
 4. Medical systems error.
 5. Quality Improvement
 - iv. Bioethics (1).
 - b. Insufficient curricular time to address the appropriate scope or epidemiology and biostatistics (Block has been shortened by >1/3 since inception).

- c. Consider panel or debate format for more sessions to increase dialogue among presenters and with students.
 - d. Increase multidisciplinary involvement, including in design team efforts.
 - e. Emphasize solutions as well as problems.
 - f. Integrate additional faculty and disciplines into design team efforts (bioethics and anthropology in particular).
5. Field experiences.
- a. Field experiences were highly variable (Diabetes more than HIV).
 - b. More clinically oriented field experiences
 - c. Relate field experiences to Population Health Project
 - d. Consider more individually oriented field experiences (safety net providers, visiting nurses)

Action Steps for Block 1 2009 (Class of 2013)

1. Reconstitute Design Team
 - a. Expand faculty membership
 - b. Recruit student involvement
2. Examine and revise all curricular components with special attention to recent revisions, including:
 - a. Population Health Project
 - i. Use more health specific data (CMSD YRBS)
 - ii. Include community assessment Field Experience
 - iii. Utilize key community informants
 - iv. Focus on applied biostatistics sessions to review analytic process for project
 - v. Increased availability of “expert” facilitators
 - b. Pandemic Flu
 - i. H1N1 orientation
 - ii. More small group time
 - iii. Fewer shifts from large to small groups and back
 - iv. Make volunteer training available for public health emergency preparedness to interested students
 - c. Summer Reading/Book Club
 - i. *Complications*, Atul Gawande
 - d. Health Promotion Project
3. Create two community health field experiences to include but not be restricted to Diabetes and HIV
4. Review curricular content, including support resources and readings
 - a. Add team based learning
 - b. More panel discussions (rather than a single lecturer)
5. Maximize epidemiology and biostatistics teaching opportunities
 - a. Add applied biostatistics sessions to demonstrate analytic process for project
 - b. Add journal club
6. Review and revise cases, including support resources and readings
7. Review and revise organizational materials
8. Review and revise study materials, including MCQs and SEQs, including ideal answers

9. Review and revise SSEQs; plan for 2008 SSEQs and grading