

Block 1 Review and Evaluation 2009

Block 1 (0809) Class of 2013: Overall Block Questions

		N	'13* (mean/5)	'12 (mean/6)	'11 (mean/6)	'10 (mean/6)
Q1	Approachability of faculty	159	4.2 (.84)	4.5 (.75)	5.0 (.83)	4.7 (.78)
Q2	Effectiveness of large group leader (lecturers)	159	3.5 (.70)	4.1 (.68)	4.7 (.78)	3.6 (.60)
Q3	Effectiveness of your IQ Group Facilitator(s)	159	4.1 (.82)	5.1 (.85)	4.9 (.82)	5.0 (.83)
Q4	Effectiveness of medium-sized group (expert inquiry) activities	159	3.7 (.74)	4.6 (.77)	4.5 (.75)	N/A
Q5	Overall quality of this Block	159	3.6 (.72)	3.8 (.63)	4.5 (.75)	3.1 (.52)
Q6	Epidemiology and Biostatistics	159	4.1 (.82)	N/A	N/A	N/A
Q7	Health Systems/Medical Error	159	4.0 (.80)	N/A	N/A	N/A
Q8	Population Health	159	3.6 (.72)	N/A	N/A	N/A
	Field Experience	159	4.3 (.86)	3.4 (.57)	N/A	N/A
Q9	Integration of Block Concepts and Longitudinal Themes	159	4.4 (.88)	N/A	N/A	N/A

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

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

Evaluation and Action Plan

1. Overview:

- a. Brief Narrative: Overall, Block 1 went smoothly and was very well reviewed by students. Changes made based on student and facilitator feedback. It was more enjoyable to teach as a result of the positive student response. Consistently, students endorsed the idea of starting with this content, for both developmental and logistical reasons. The issue of renaming the Block from "On Becoming a Doctor" to make it more reflective of the content was raised by an IQ facilitator.
- b. Representative student quotes:
 - i. General
 - It is evident that much thought goes into the planning for this block.
 - Makes some of my classmates who are narrow minded or have lived in a bubble to understand what life is like in the real world, to make them realize that the US healthcare system is not perfect.
 - Great passion in teaching and really liked the diversity in material.
 - I think it is fantastic that it makes the typical medical student stop and think about some of the broader implications of being a doctor. Without this, I feel that many students would fail to develop some very important sensibilities.
 - We are introduced to a lot, which is good. This is also somewhat of a weakness, as it becomes difficult to know how to prioritize our learning.
 - ii. Social and Transitional Benefit
 - There are several activities in Block 1 that allow you to meet other people in the class, such as the ECU project, chronic care visits, histopath small groups, mock pandemic.
 - Gives a sense of what we need to do before getting into Block 2 and fully immersing ourselves in the sciences (good for pacing).
 - It was an excellent way to introduce students to medical school. I have heard about what some other schools are doing from friends, and I like our approach to beginning medical school the best! It puts our feet on a firm foundation for success by allowing us to become acclimated to the curriculum, meet our classmates, and to learn more about becoming a doctor.

- The pace. I really appreciated starting off with less technically rigorous content, which gave me a chance to get very familiar with key resources at my disposal - research tools, classmate relationships, and faculty resources.
 - A very light, gentle introduction into medical school.
- iii. Block Content
- Concept of introducing medicine as a concept instead of delving into the bulk of medical school material (e.g. biochemistry, anatomy, etc.) is a truly appropriate way for us students to begin our education.
 - The block provides an excellent overview of the profession and helps us to become aware of critical concepts and issues associated with this profession.
 - The broadness of topics covered in block one is a boon realized only much later. I appreciate that time is set aside for these topics early so that we can be thinking about them throughout the rest of our medical school education.
 - The course curriculum I think is really key. I think the ability to understand clinical studies, to understand social/cultural issues in medicine, and to get general experience with patients and some of the science was really beneficial.
 - Block 1 allows students to get familiar with an approach that is not taught to most medical students in the US. It allows us to explore the impact of societal inequities and other factors on the health of patients, the viewpoint of the wellness model, and other issues we would never otherwise be exposed to.
 - We learn so many things that are important clinically for being a physician that students at other schools do not have in such a condensed and emphasized way. I really appreciate that and looking back I learned a great amount of information.
 - Block 1 was really helpful in laying the foundation for us as future physicians. Almost everything that we learned has practical use in the future.
 - I think starting off our education this way is smart. It sets the tone of how we need to focus on the social determinants of health when treating our patients because they are not simple, biological machines. They live in a greater society that has major influences over their lives as well. It will be important to keep this in mind as we go through each successive Block.
 - The concepts make an excellent foundation for competent clinical practice.
 - Good foundation of medical error, epidemiology and general population approach to health.
 - I really appreciated the breadth of Block 1, as it gave me a background knowledge of many concepts that I do not think I will encounter in a formal setting as I progress through medical school. While I do not plan to go into Public Health or continue to study epidemiology, biostats, or population health, I am thankful to have been given the exposure.
 - The Block's focus on public health is essential for future doctors.
 - The presentation of population health as integral to clinical practice.
 - Block 1 was an excellent in the way it approached medicine from a big picture approach and pointed out flaws in the system while still being optimistic that it can be fixed.
 - The various topics felt disjointed and not very related. More fundamental, basic topics would have been appreciated, for instance with regards to biostatistics. Overall, increased clarity and specifics (step by step guidelines, explicit instructions) would be appreciated for discussion and group activities.
 - Make themes more cohesive. While much of what we learned was interesting, it was often difficult to integrate various themes and see the bigger picture. This is becoming more apparent as I prepare for the exam... I am still unsure of what we are "supposed" to know.

2. Summer Reading/Book Club:

- a. Brief narrative: This exercise has been consistently popular among students. They have welcomed the "summer reading" and this unique manner of spending part of their first day of medical school. Described as a great way to start off the IQ groups.
- b. Students read, Complications by Atul Gawande.
- c. Student for discussion groups facilitators were a great addition.
- d. Books considered for next year include:
 - i. Strength in What Remains, Tracy Kidder

- ii. *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures*, Anne Fadiman
- iii. *Three Cups of Tea*, Mortenson and Relin
- iv. *What Patients Taught Me: A Medical Student's Journey*, M.D. Audrey Young

3. Themes/Cases/IQ:

- a. Brief narrative: The cases have been consistently improved. Facilitators offered specific and effective comments which have been integrated into next year's cases already. Consensus of students and preceptors was that the cases were stimulating and effective in achieving the learning objectives. Mid-Block, facilitators asked what was being done differently because of the consistently high quality of dialogue, and quality of research, particularly of original literature. Perhaps related to increased dialogue through panels; participation in primary research through the ECU project.
- b. Representative student quotes:
 - Main strengths are IQ groups and special group activities such as pandemic flu panel and patient/expert panels.
 - Also, many of the broad ranged concepts for IQ group were very interesting.
 - IQ sessions. I really like this style of learning and instruction.
 - The open discussion of issues during IQ.
- c. Population Health: Pandemic Flu
 - i. This session was improved from the previously effective session by creating fewer switches from small group to large. Time was increased to 6 hours (from 4 hours). It is not clear that with the other changes, 6 hours is necessary. The H1N1 emphasis made the session even more realistic and effective. A complex session to organize, 30 community stakeholders participated effectively.
- d. Primary Prevention/Preventive Medicine: Well Adult Care/Alcoholism
 - i. Changed the order, moving this case as the first true IQ group case, instead of the Diabetes case. This change in order was well received, especially by preceptors who had participated last year.
- e. Tertiary Prevention/Preventive Management of Chronic Illness: Diabetes in an Hispanic Woman
 - i. Well received with changes
 - ii. Preceptors have requested clarification of the facilitators guide
- f. Secondary Prevention/ Preventive Management of Acute Illness: STI/Adolescent Health
 - i. Well received.
- g. Medical Systems Error: Wrong Site Surgery
 - i. Only half week Case. Well Received.

4. Patient Correlations:

- a. Brief narrative: Consistently effective ending each week with a patient correlation. The panels are especially effective.
- b. Representative student quotes:
 - The patient centered lectures and the field experiences was a great reminder of what a doctor should think about and gave us a great patient perspective.
 - The field experiences and patient panels really gave students an understanding of how patients cope with and react to chronic illnesses and highlights the important non-medical aspects of the medical profession.
 - The patient experience is the real strength of Block 1. Because I met so many different patients and learned their stories, I will remember their suggestions about how to provide better care and I will have faces in my mind to help motivate me to learn the science well.
 - One strength of the block was the contact with patients who conveyed their personal struggle with disease.

- Very patient-centered. HIV panel was excellent.
 - The panels with the diabetes patients as well as the chronic field experiences were really excellent.
- c. Shared Medical Appointment for Diabetes: Outstanding reviews
 - d. Alcoholism: Much more effective with T. Parran involved. Panel next year
 - e. How to Heal: Lessons from the Biology of Wound Repair
 - f. HIV Caretaker panel: Outstanding reviews

5. Health Promotion Project

- a. Brief narrative: Remains an effective addition to the Block. Offers lessons on community health promotion, compliance, team work, and humility. Suggestions to offer weekly feedback on the “competition” will be considered. Expensive, so continuing this component will depend on funding availability.

6. Extensive Care Unit Project (previously referred to as the Population Health Project)

- a. Brief narrative: Received perhaps the most positive and negative comments in the Block. Clearly consolidates the primary objectives of the Block, requiring applied epidemiology and biostatistics; and vivid illustration of social determinants of health and health systems issues. Organization of the ECU project is of high complexity and will improve each year. Most complaints revolve around organizational issues.
- b. Representative student quotes:
 - I also liked the ECU project. Besides the key community contacts, the project went well. I like how it integrates most of the topics of block 1 into one project.
 - I thought it was useful to work on an actual public health project throughout the block.
 - I really enjoyed the ECU project. As an undergrad student at Case, the university never paid much attention to the conditions of the neighborhoods outside of University Circle, and the ECU project was an eye opening experience for me. I did a great job of introducing us to the population we'll be helping to treat in 2 short years.
 - For the ECU project, allocate more time for each group to work on the project.
 - The ECU project could have been better organized and the point of it made more clear.
 - ECU project should include a "practice" mini-project, or at least some more sample situations to work through before getting real data. ECU project should also have a facilitator in each room while working in small groups.
 - It would be helpful to know it was coming and certainly to have a facilitator in each room ALL THE TIME when working in the small groups (especially days that were heavy on the stats).
 - I felt that the ECU project could have done a lot more to integrate the concepts of population health, epidemiology and biostatistics. The project felt very disorganized which left many students feeling frustrated with the project and with public health in general. The project, and the block overall, have good intentions and serve to teach essential skills and ideas to future physicians, but things need to be more structured and organized to reach those goals effectively.
 - The ECU project seems to have improved this year over last year, however, it was not until the last few weeks of the project that most of the groups finally had a good grasp of what we were trying to accomplish. By then, we had lost a good three weeks of under-utilized time.
- c. Social demographics by community: uses NEOCANDO. This was the primary project last year. Having it as only one of many components was much more effective.
- d. Key Community Contact: Extremely effective addition, but about 5 of the 20 groups did not have an effective contact identified. Must address this for next summer by identifying and orienting 2-3 contacts per neighborhood.
- e. Windshield Survey: Extremely effective addition. The standardized checklist form worked well. Especially effective when findings correlated with comments from Key Community Contacts.

- f. Middle School Youth Risk Behavior Survey: Added to increase the number of truly health oriented variables for groups to work with; and to add biostats to the process. Problems included:
 - i. Variable size of the middle school populations examined.
 - ii. Learning a basic statistical software package (SPSS/PASW) was an impediment to some students.
- g. Reports and presentations: Presentations were extremely well done. Reports were very effectively completed.
- h. Facilitators: We were unable to identify consistent facilitators last summer. This is the highest priority for improvement of the ECU project. There needs to be a consistent expert facilitator for each group at each session. This will be accomplished by offering a summer graduate school course(MPH/PHD students); Type A medical school elective (MS-2 students); Type B elective for 4th year students. There will be a dedicated instructor for these facilitators who will begin teaching the week before IQ groups meet, and weekly with facilitators for debriefing and continuous improvement.
- i. Guide: While substantially improved, the guide needs work to provide step by step instructions to maximize the learning experience and minimize frustration.

7. Field Experiences

- a. Brief narrative: Perhaps the most improved component of the Block. Went from the most complaints last year, to the highest raves this year. Change involved expanding from 2 conditions (Diabetes and HIV) to include any chronic medical condition. This uncluttered the process, making it much more flexible and allowing a more personal and diverse experience with community health. Careful evaluation was conducted that will further allow targeting the most effective experiences.
- b. Representative student quotes:
 - I really enjoyed the chronic field excursions. It was great to talk about diabetes and chronic illness in lecture and IQ group and then go out and observe support groups, diabetes centers, and nutritionists.
 - I also REALLY enjoyed the Chronic Care Experiences.
 - The chronic condition field experiences and the patient panels were important supplementary components to the core block goals. To not only have to research chronic diseases but to then discuss and also hear from patients managing these disease helped to integrate the learning objectives and tie them to real people.
 - The sessions where patients came to talk to us, and the chronic condition field experiences were AMAZING!!

8. Large Group Lectures/Panels:

- a. Brief narrative: Substantially increased the use of panel presentations and audience response system. Adding (a) physician(s) to the health systems panels was also very important. These changes were very well received. Panel presentations, however, clearly need 90 rather than 60 minutes to allow both content and interaction to occur most effectively. This will require streamlining of topics, some of which may occur in medium sized groups. Currently, topic themes are organized so that each week there are three epidemiology topics; one health systems topic; one social determinants of health topic; one patient correlation session. It is likely that we will rearrange these sessions to occur in weekly themes to improve continuity between related sessions.
- b. Representative student quotes:
 - I really appreciated the array of guest lecturers.
 - Guest lecturers, panels, interactive sessions.
 - The diverse lecture topics, presented by experts in their respective fields, were informative and excellent learning experiences.

- The faculty were all very enthusiastic and engaged in teaching their various portions of the block. I could tell they really cared about teaching.
 - Epidemiology and biostats were particularly strong. I appreciate the thorough presentation of study design, statistics calculations interpretation, and clinical application. I have experience reading and writing for basic science journals, but I anticipate my future medical education and career will be dominated by clinical journals, so it is great that we learned these important skills up front.
 - The epidemiology lectures were extremely organized.
 - One strength of the block was the epidemiology discussion. I thought that it was very clear, concise, and directed at first-year medical student audience.
 - Dr. Einstatder's slides and his additional notes packet. They were very well organized, extremely helpful, and it was nice that he always had a "printout" copy of his powerpoints available for us.
- c. Epidemiology: Doug Einstadter continues to receive outstanding reviews for his clarity and level of organization.
 - d. Health Systems topics:
 - i. Basics of the US Health System (Panel: JB Silver, Kurt Stange, David Kaelber)
 - ii. Health Reform (Panel: Mark Votruba, Joe White, Terry Allan, David Kaelber)
 - iii. Medical Systems Error (Aron)
 - iv. Health Informatics (Kaelber)
 - v. Global Health (Yadavalli)
 - e. Population Health
 - i. Introduction to Population Health (Frank)
 - ii. Social Determinants of Health (Frank)
 - iii. Behavioral Determinants of Health (Frank)
 - iv. Environmental Determinants of Health (Bearer)
 - v. Leadership and Advocacy (Ungerleider and Dickey)

9. Content Needs:

- a. Bioethics: Aaron Goldenberg identified as the Bioethics representative to Block 1 Design team.
- b. Leadership and Advocacy/Civic Professionalism: a committee is currently meeting to define what should be taught and when (T. Wolpaw, D. Wolpaw, Cole-Kelly, Wilson-Delfosse, Frank, Ungerleider, Dickey). It is possible that next Block one will include more on this theme, perhaps organized in a workshop format.

10. SEQs, MCQs, SSEQs

- a. Representative student quotes:
 - Make it clear from the beginning which lectures are important for the exam (and for which we should take notes) and which ones are just part of an extended orientation to med school (for which we should listen and think about the material).
- b. SEQs: Were available and appeared effective. Will be reviewed for next year.
- c. MCQs: Revolved primarily around epidemiology. Adding other MCQs topics would be positive.
- d. SSEQs: 2 Epidemiology oriented; 2 synthetic relating health systems, population health.

11. Block Evaluation

- a. Need specific questions added regarding unique aspects of Block 1, particularly Health Promotion project, ECU project, and Book Club.

Summary of Block 1 Action Steps for 2010:

1. Consider renaming/rebranding of the Block (suggested by a Facilitator).
2. Centralize Block and Project Guides to make them easier for students to locate. Improve specificity and clarity of these Guides.
3. Lectures/Large Group Sessions
 - a. Reorganize lectures into weekly themes to enhance continuity between like topics.
 - b. Review lecture topics, utilize panels when appropriate.
 - c. Consider duration of panels (fewer topics, more integration, more depth).
4. Review Cases and Facilitator Guides.
5. Consider offering weekly feedback for the Population Health Project.
6. Add Bioethics content.
7. Reconceptualize “Civic Professionalism” and introduce concepts in Block 1.
8. Review SEQs, MCQs, SSEQs.
9. Improve Extensive Care Unit Project.
 - a. Step by Step Guide.
 - b. Simplify.
 - c. Clarify purpose and objectives.
 - d. Redundant Key Community Contacts.
 - e. Expert facilitator assigned to each session of each group.
 - f. Shift biostatistics teaching to small group when possible.
 - g. Continue to improve continuity with the Swetland Project.
10. Meet with Block Evaluation team to add specific evaluation components