

Block 5
Review and Action Plan
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Overview of Block 5

The primary goal of Block 5 was to integrate a working understanding of immunology into health and disease, including basic mechanisms of immunology in host defense, the role of skin in immunity, and an introduction to diseases involving immunity including immunodeficiencies, autoimmunity, and the malignant transformation of immune cells. Important secondary themes include hematopoiesis and clotting in health and disease, a systemic overview of microbiology, clinical infectious diseases, and antibiotic therapy. This block additionally presents opportunities to reinforce material from previous blocks, particularly inflammatory bowel disease, and multi-organ involvement with sepsis.

The major challenge of this block was to organize and present a vast amount of material within a focused and concise curriculum that also allows students opportunities to explore basic mechanisms of disease integrated into clinical syndromes. This year we benefited from the addition of three weeks, which we used to substantially increase the number of interactive sessions in immunology, microbiology and infectious diseases, while also adding two new cases, including one each in pediatrics and dermatology. This allowed for a more in-depth introduction to immunology (9 additional large-group interactive sessions compared to the previous year), which Dr Greenspan also reinforced with a concise syllabus that highlighted important immunologic concepts. The remaining additional time was devoted to interactive sessions that in microbiology and clinical syndromes of infectious diseases including: central nervous system infections, genitor-urinary tract, intra-abdominal, helminthic, and pediatric viral infections in comparison last year.

We made substantial strides towards accomplishing our primary goal based on student feedback and presented a more comprehensive and better organized introduction to microbiology and clinical infectious diseases syndromes than last year.

Strengths

1. The success of Block 5 depends on the efforts and the contributions of our section leaders: Neil Greenspan, Immunology; Tim O'Brien and Howard Meyerson, Hematology; Robert Bonomo, Infectious Diseases; Nora Singer and Donald Anthony, Rheumatology; and Cord Honda, Dermatology who were highly committed to the planning and implementation of our curriculum. Shipra Gupta, our student representative, also provided valuable input with planning and implementation of the block.
2. The curriculum was better organized, and facilitated a much improved integration and understanding of basic immunologic mechanisms in health and disease that extended to all

sections. The immunology textbook was easier for students to negotiate than that used last year.

3. Students received a concise list of key learning objectives each week, which they perceived as highly valuable in organizing their readings and studying.
4. Pharmacology was emphasized throughout the block particularly through SEQs and IQ cases. A list of key drugs also was included with the weekly learning objectives.
5. The introductions to microbiology and infectious diseases were better organized and were more comprehensive than last year.
6. Dermatology was better integrated into the curriculum as a result of Dr Honda's efforts and participation throughout the week.
7. Rheumatology provided an outstanding opportunity for students to wrestle with ambiguity and uncertainty in clinical decision making, particularly through their small group cases.
8. As in the previous year, students overwhelmingly recognized the strength and the organization of the hematology curriculum.
9. Weekly focused learning objectives were extremely helpful to students in organizing and prioritizing their studying.
10. Students perceived Block 5 faculty as approachable, committed and interested in their learning.
11. The IQ cases were effective introductions to differential diagnosis, and facilitated the integration of basic concepts into clinical diseases.
12. The Thursday review sessions were well received and helped to organize the material from different perspectives.
13. The immersion experiences were generally well received and involved a large number of preceptors from numerous hospitals, clinics and doctor's offices throughout the city.
14. Students received formal instruction and practice in taking a sexual history and in presenting 'bad news' to standardized patients.
15. Research and scholarship presentations reinforced and enriched the curriculum.

Weaknesses

1. Reading sources for microbiology & infectious diseases remains a major challenge. This year we relied on Harrison's, but we have not been able to identify a suitable microbiology textbook for our curriculum.
2. Despite improvements in the organization of microbiology and infectious diseases, this remains a major challenge and represents the area in which more improvement is necessary.
3. ID Lectures perceived as dry and repetitive to readings by some students.
4. Technical problems with MCQs limited the usefulness of this exercise.
5. SEQs were of variable quality and depth.

Recommendations for Improvement

1. We will explore the available resources from national organizations (IDSA, ASM) and will meet with our colleagues at the Lerner College of Medicine to generate ideas for continued improvements in the ID/Microbiology curriculum.
2. During each of 4 ID weeks we will incorporate a synthesis presentation into the curriculum, as either a medium sized group format (based on faculty availability) or an interactive session that will be case-based and will attempt to bring together the differential diagnosis of key clinical syndromes and approaches to antimicrobial therapy.
3. Will include additional SEQs and attempt to improve selection of MCQs.