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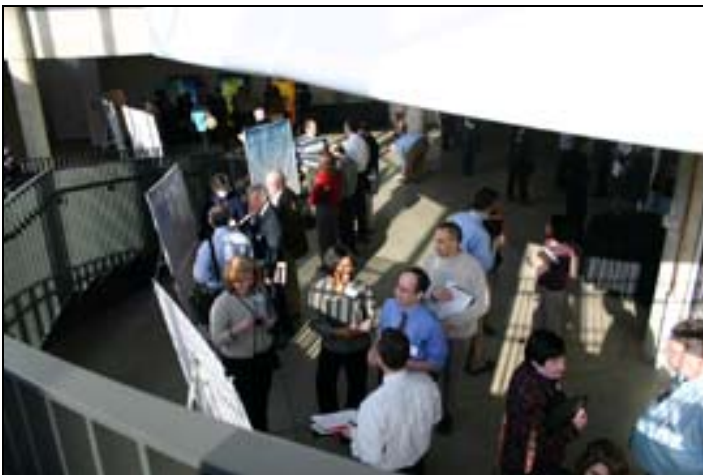
## *HealthSpace Cleveland Retreat Highlights*



*Photo by Laura Clementz*

### **THEME OF ISSUE 8:**

### **ANNUAL EDUCATION RETREAT: *Curriculum Transformation University and College Programs***



*Photo by Laura Clementz*

Faculty and students gathered at the 2006 annual education retreat held at **HealthSpace Cleveland March 3, 2006** to learn of the latest developments in the new curriculum. Major changes are underway across all four years of the University Program and in the clinical rotations for the College Program. Faculty from the University and College came together to provide their feedback, and to participate in workshops on applying learner-centered teaching.

**To view a collage of selected retreat photos, control click on the photo to the left.**

An **Innovations in Medical Education Poster Session**, representing every component of the new curriculum—from Foundations in the University Program to clinical experiences shared by both the University and College Programs—opened the retreat. Viewers returned later in the morning for brief oral presentations addressing individual questions. To learn more about specific programs, visit these impressive posters at <http://casemed.case.edu/curricularaffairs/newcurriculum/Posters.htm>

**Dr. Terry Wolpaw**, Associate Dean for Curricular Affairs, welcomed participants by recalling the strength of our 50-year-old **dialogue tradition** and citing innovators Joseph A. Wearn, M.D., and T. Hale Ham, M.D. In the 1950's, the Western Reserve experience pioneered a system for change consisting of a “continuing dialogue,” with teachers as the “moving parts.” The HealthSpace Cleveland retreat continues

in the tradition of the Gates Mills meetings that have become the Case School of Medicine's "vehicle of change."

**Dr. Murray Altose**, Committee on Medical Education Chair, referred to significant **changes in clinical medicine** and **technology** that have influenced curriculum design at both the University and College. Dr. Altose highlighted several **guiding principles** inherent to the University Program's curriculum transformation:

- A *student*-focused, *student*-driven **graduate school environment**, where students take responsibility for their learning
- **Integration** and **continuity** of **scientific foundations and clinical experiences** throughout the *entire* curriculum
- A **mentored in-depth experience in research and scholarship**, culminating in a **thesis**, already implemented as a graduation requirement starting with the Class of 2009
- Recognition of the physician's **obligation to society** as reflected by the core themes of **public health** (population medicine), **civic professionalism**, and **leadership**

Dr. Altose described the focus as *student*-driven learning in a **small-group** format. There will be both core and advanced clinical experiences. "Developmental, sequential, and spiraling" (returning to concepts that have been developed earlier) describe the new curriculum. The student-centered approach is anticipated to engage the students in this rigorous yet flexible curriculum. Teachers will be entrusted with many responsibilities, and all faculty interested in participating in this teacher-intensive curriculum are welcome.

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**Dr. Ralph Horwitz**, Dean of the Case School of Medicine, expressed his appreciation to faculty for their significant efforts in bringing Case to the threshold of remarkable transformation in medical education. He credited design team leaders and their teams with coming so far in such a short time.

Dean Horwitz summarized a few of the **accomplishments** that redefined the educational philosophy and contributed to **graduate-school-style learning**. Faculty have created an increased emphasis in the curriculum on the **integration of medicine and health** as well as developed **four new themes of scholarship, leadership, clinical mastery, and civic professionalism** across the four years of medical school. The **requirement** for medical students to formulate research questions and perform research culminating in an **M.D. thesis** has already been implemented, starting with the Class of 2009. Dr. Claire Doerschuk, Associate Dean for Medical Student Research, has implemented a weekly **Foundations of Research and Scholarship** one-hour **seminar** over lunch that exposes students to principal investigators leading research programs while also guiding them to formulate research questions and informing them of possible choices of basic science, clinical science, and health services faculty available to act as mentors. Dr. Doerschuk was also pleased that Case School of Medicine was awarded Federal funds to support 40 student research spots.

The first two years of the curriculum have been re-configured into several **blocks** aligned according to biological systems. There is a new **balance of large- and small-group learning activities**. The **in-class schedule** has been **reduced to 20 faculty-student contact hours per week** with student responsibility for learning extending 24 hours a day 7 days a week. The "**physician scholar**" is the end-product of the University Program, which is committed to **inquiry, discovery, and scholarship**.

In addition, **Case student credentials are at their highest level**, and Dr. Amy Heneghan, Associate Dean for Admissions, and Dr. Lina Mehta, Assistant Dean for Admissions, were pleased with the increased numbers of such an impressive applicant pool.

The **implementation of the curriculum** will require much collaboration and cooperation. The School of Medicine views the commitment of department chairs and faculty as essential to support the research, clinical, and teaching missions. Dean Horwitz is looking to re-establish the Case School of Medicine as an educational leader in American medicine.

Dean Horwitz mentioned **external funding** sources supporting the new curriculum that include the Prentiss Foundation's award for \$1 million to develop medical student and resident programs in quality of care; a grant from the AAMC to support the integration of medicine and public health in the medical school curriculum; and a gift from Dr. Tom Graber, Class of 1975, to establish the Center for the Advancement of Medical Learning (CAML).

Dean Horwitz mentioned the two major changes inherent in the curriculum renewal initiative: 1) in **process**, denoting the move from large-group to small-group focus, and 2) in **content**, as evidenced by the commitment to population health, the integration of basic science and clinical medicine, and the elevation of both clinical mastery and civic professionalism to content areas. Additionally, the new curriculum exemplifies a commitment to **define what is important to learn**.

Dr. Horwitz noted two main challenges: **1) Where do we find faculty to teach?** and **2) How do we re-affirm our commitment to graduate student education?** The effort to create momentum to reshape the educational system was driven by dedicated faculty, led by the CME chair, who met regularly over the past two years. Increased attention is needed for graduate student education. **Plans to re-invigorate the graduate school experience** will involve the clinical chairs as well as the basic science chairs, just as clinical and basic science faculty collaborated to design the medical student educational experience. The basic science graduate school experience explores disease-focused research.

Faculty **teaching** efforts at Case have historically demonstrated a remarkable tradition of commitment honoring the teacher/student partnership. The School of Medicine has invested financial resources in the recent redesign of the curriculum and in support for faculty assuming additional teaching roles. For their hefty annual tuition of \$38,000, students in the new curriculum will be more in charge of their education, assuming larger responsibility for it. Faculty will be demonstrating their increased commitment by spending more time precepting and mentoring. An extraordinary number of faculty have signed up as mentors for the research program, and Dr. Claire Doerschuk has commended the high quality of student abstracts to date.

Dean Horwitz ranks the Case School of Medicine as a great medical school based on the combination of its strengths: the quality of **education** it offers, its sought-after **faculty**, and its unwavering commitment to **research**.

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**Maryellen Weimer, Ph.D.**, professor and author, provided the keynote address on reconfiguring teaching through learning-centered approaches. The dominant **perception of the 1990's that learning was the automatic, inevitable outcome of good teaching**, has been replaced by a focus on **learning** that prompts the question, **"What kind of teaching promotes good learning?"** Dr. Weimer describes **good learning as retained, deep** (demonstrates true understanding), able to be **applied** (can "use" the knowledge), and **motivating more learning**. She targeted five areas of instruction where we need to change current instructional practice, taken from her book, *Learner-Centered Teaching—Five Key Changes to Practice*.

Dr. Weimer views the **role of the teacher** as a "facilitative relationship" with the teacher as a "guide" or "coach." We are accustomed to the classroom dynamic where instructional action has the teacher working much harder than the students by performing many of the tasks for teaching. However, one cannot **learn** anything for a student. At some point, the teacher's responsibility ends. Dr. Weimer gets students "invested" once they recognize that solving problems on one's own is a valuable learning skill.

When focusing on the **balance of power**, Dr. Weimer recalled how faculty currently make a number of decisions for learning —sometimes all of them—for the students. If the student has all his/her power to choose taken away, motivation to learn is adversely affected. Involve students in some of these decisions regarding content, methodology, and context (policies, practices). Faculty will have concerns: Will the students get into the substance of the content? Will there be some group dynamic problems? Given the opportunity, however, students will come through. Teachers will cover less, but students will learn more. Dr. Weimer credited Case with having some of the finest students—trust them!

Dr. Weimer sensed that Case faculty find dealing with the **function of content** in the new curriculum extremely challenging. She imagined the medical school curriculum as rich in content. However, more is not always better. Dr. Weimer stressed keeping in mind: 1) Students must become lifelong learners, and 2) Technology has made so much information much more available. She opposes “covering” content and prefers instead “using” content to develop both a knowledge base and learning skills and self-awareness. Integrate the knowledge base and learning skills by designing learning activities to “marry” content and process. The goal is not to cover the content but to uncover a small part of it.

In discussing **responsibility for learning**, Dr. Weimer stated that “**climates for learning**” are created by action, and she emphasized “created” as opposed to “maintained.” When learning climates are “co-created” by faculty and all learners, students are motivated to accept responsibility for learning. Think of “magical moments” when the student comes up with something that never occurred to the teacher. Good teaching is open to change and modification.

When discussing **processes and purposes of evaluation**, Dr. Weimer recommends moving away from grade-oriented evaluation activities completed exclusively by teachers in favor of self- and peer-assessment. Evaluation activities themselves should promote learning and develop self- and peer-assessment skills.

Dr. Weimer’s overview of learner-centered teaching served as the prelude to participation in a **two-hour workshop of choice** on applying these techniques in the new curriculum. Attendees were offered a selection of nine different workshops useful in reconfiguring teaching.

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## QUICK OVERVIEW OF THE NEW CURRICULUM

Use these *New Curriculum Update Bulletins* to keep informed about the progress of curriculum planning.

**See if you can spot the one change in the Foundations block chart since Issue 7!**

Recall that the curriculum vision for the CASE System of Medical Education focuses on **four pillars: civic professionalism, leadership, research and scholarship, and clinical mastery.**

The curriculum develops the pillars through **four major components:**

- 1) ***Foundations of Medicine and Health***
- 2) ***Research and Scholarship***
- 3) ***Core Clinical Rotations***
- 4) ***Advanced Clinical and Scientific Studies***

# CASE System of Medical Education

Year I	Year II	Year III	Year IV
<b>Foundations of Medicine and Health</b> (20 months, including vacation)	<b>Core Clinical Rotations</b> (48 weeks, flexible scheduling)		
	<b>Research and Scholarship</b> (4-month block plus electives, flexible scheduling)		
		<b>Advanced Clinical and Scientific Studies</b> (10 months, flexible scheduling)	

## Foundations of Medicine and Health

July 2006						March 2008					
<b>Block 1</b> <b>Becoming a Doctor</b>	<b>Block 2</b> <b>The Human Blueprint</b>	<b>Block 3</b> <b>Food to Fuel</b>	<b>Block 4</b> <b>Homeostasis</b>	<b>Block 5</b> <b>Host Defense and Host Response</b>	<b>Block 6</b> <b>Cognition, Sensation, and Movement</b>	BOARD REVIEW BLOCK					
(Social-Behavioral Context, Civic Professionalism, Epi/Biostats)	(Endo, Repro, Development, Genetics, Mol Biol, Cancer Biology)	(GI, Nutrition, Energy, Metabolism, Biochemistry)	(CV Pulm, Renal, Cell, Regulation, Pharmacology)	(Host Defense, Microbiology, Blood, Skin, Auto-immune)	(Neuro, Mind Musculoskeletal)						
Reflection & Integration	1 Week Clinical Immersion	Reflection & Integration	1 Week Clinical Immersion	Reflection & Integration	1 Week Clinical Immersion	Reflection & Integration					
<b>Block 7: Structure</b> (Anat., Histo-Path, Radiology)	→	→	→	→	→						
<b>Block 8: Clinical Mastery</b>	→	→	→	→	→						
<b>LONGITUDINAL THEMES</b>											
<ul style="list-style-type: none"> <li>• Civic Professionalism</li> <li>• Leadership</li> <li>• Population Medicine</li> <li>• Bioethics</li> <li>• Research &amp; Scholarship</li> </ul>	→	→	→	→	→						

## RESEARCH AND SCHOLARSHIP

Each student will:

- Undertake a mentored experience in research and scholarship
- Have a minimum of 4 months protected time for his/her scholarly project
- Identify a research question, develop an approach to studying the question, prepare a proposal, pursue the project and interpret the observations
- Develop a thesis in the format of a journal manuscript

## CORE CLINICAL ROTATIONS

The Core Clinical Rotations encompass three **16-week blocks** of clinical experiences that also incorporate basic science objectives. There are two 16-week blocks of basic core rotations (Basic Core I and Basic Core II) and 16 weeks of advanced core rotations (Advanced Core). Students experience both breadth and depth in clinical care, along with basic science integration, through clinical experiences that are developmental and provide opportunities to reinforce, build upon, and transfer knowledge and skills.

The new core clinical rotations will begin in July 2006 for current students in the Class of 2008 and will be shared by students in both the University and College programs. In the following year they will begin as early as March of the second year for students in the University program. Each 16-week block will be offered at our three affiliated teaching sites (UH/VA, MetroHealth, CCF). For Basic Core I and Basic Core II, students are based at one site for the 16-week block. The Advanced Core can be taken in modules and shared among teaching sites.

## CORE CLINICAL ROTATIONS March 2008-July 2009

**BASIC CORE I:**  
Family Medicine, Internal Medicine, Surgery  
Basic Science Integration  
(16 weeks at one of 3 teaching sites)

**BASIC CORE II:**  
Neurosciences, Pediatrics, Psychiatry, Women's Health (OB/GYN)  
Basic Science Integration  
(16 weeks at one of 3 teaching sites)

**ADVANCED CORE:**  
Undifferentiated Care  
Chronic Care  
Care of the Aging  
Peri-Operative Critical Care and Pain Management  
(Each four weeks, flexible scheduling)

## TYPICAL OPTIONS FOR CORE CLINICAL ROTATIONS AND RESEARCH

**March 08**

**July 09**

Research 16 weeks (March-July)	Basic Core I or II 16 weeks	Basic Core I or II 16 weeks	Advanced Core 16 weeks Flexible scheduling
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Basic Core I or II 16 weeks	Research 16 weeks (July-November)	Basic Core I or II 16 weeks	Advanced Core 16 weeks Flexible scheduling
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Basic Core I or II 16 weeks	Basic Core I or II 16 weeks	Research 16 weeks (November-March)	Advanced Core 16 weeks Flexible scheduling
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## ADVANCED CLINICAL AND SCIENTIFIC STUDIES

- Two Sub Internships
- Areas of Concentration: 12 weeks of linked experiences integrating basic science and clinical experiences and intended to result in an area of expertise
- Further clinical and research electives

### EDITOR'S CORNER

#### Letting Go—Stepping Up

Come July 10, *student-driven small groups* will all be reaching  
Toward a self-fulfilling prophecy of *learner-centered teaching*.  
The teacher/student dynamic will undergo some modification  
As students take on more responsibility for their education.

With **learning** in the new curriculum described as *student-directed*,  
The format of choice calls for case-based small groups that are *faculty-precepted*.  
The role of the **faculty preceptor** is not to deliver content per se  
But rather to “*facilitate*” and “*guide*” the group as it finds its way.

Students become more motivated when they can exert their power of choice.  
By sharing in decisions about content, methods, and policy, they'll be given a voice.  
Students will become more and more invested as they become involved  
And learn how to handle problems on their own in order to get them resolved.

While “autonomy” may be priceless, it doesn't come “no strings attached.”  
**Students are responsible for their learning “24/7”**—that's the catch.  
**Faculty** won't be “at loose ends”—though freed from many a conventional teaching chore.  
They'll spend even **more time precepting and mentoring**—they'll be busier than before!

The “**teacher/student “partnership”**” at Case enjoys a long, distinguished tradition.  
Mutual respect continues and old boundaries blur in this new teaching mission,  
Which asks faculty to believe in the students, to have confidence that they will come through,  
And students to build knowledge base, learning skills, critical awareness—without faculty charging to the rescue!



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