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Issue 3  
September 8, 2005

Hold the Date  
New Curriculum Update Retreat  
October 18, 2005  
5:30-8:30PM  
Room E-401 School of Medicine

**THEME OF ISSUE 3:  
EXPANDING EARLY PATIENT EXPOSURE AT CASE:  
PATIENT-BASED EXPERIENCES IN THE FIRST 1½ YEARS OF THE NEW CURRICULUM**

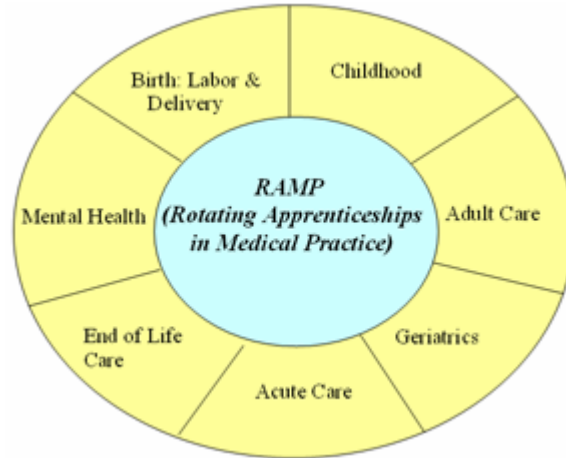
Clinical Mastery in the Foundations of Medicine and Health, the first 1½ years of the new curriculum, is where Case students begin to wear the new white coats they received their first weekend at CASE. Two exciting new patient-based experiences for the new curriculum go into effect this year. They represent a significant increase in clinical time, number of patient encounters, and opportunities for practicing clinical skills. Many students will develop more than one individual patient relationship during this process. **Susan Padrino, M.D.**, and **Mireille Boutry, M.D.**, are the design team co-leaders for **Block 8, Clinical Mastery**. Dr. Padrino, internist and psychiatrist at University Hospitals, described the two new programs going into effect for the Class of 2009: RAMP and longitudinal preceptorships.

**RAMP**

**RAMP**, short for **Rotating Apprenticeships in Medical Practice**, was designed to provide observational experiences in seven diverse settings to increase the *breadth* of the student's early clinical exposure and to provide opportunities for *reflection* on the doctor and patient across a spectrum of health care settings. Beginning in September, all Year I students will spend the next four months participating every other week in seven clinical settings that span the entire life cycle of the patient. Four settings are defined by the age of the patient: birth, childhood, adult, and geriatric, while three settings can occur at any point in the life cycle: acute care, mental health, and end-of-life care. Students will explore the doctor-patient and doctor-society relationships and reflect on related areas such as professionalism, leadership, health systems, and disparities in healthcare.

Dr. Padrino views RAMP as a great opportunity for students to engage early in patient care and to use their own personal skills of observation not yet tempered by medical school to sense what it is like to be both a patient and a doctor. Dr. Padrino emphasized that the new patient-based programs are intended to build on the particular skills that each student brings to Case and to help him/her develop into a clinician that honors that individual's unique make-up.

Figure 1: The Seven Settings for **RAMP**



## LONGITUDINAL PRECEPTORSHIP

The longitudinal **preceptorship** is the next step following RAMP in the progression to clinical mastery. The mini-clinical exposures of RAMP enable the student to make an informed choice of clinical setting for the preceptorship. The yearlong preceptorship starts in January of Year I and concludes in December of Year II. Students meet every other week in a clinical setting with the same preceptor, who serves as a mentor. Each student has his/her own preceptor. While RAMP is observational, the preceptorship requires active participation of the student in the clinical care of patients, with the expectation that many students will develop a continuity relationship with one or more patients in the tradition of the Family Clinic Program. During the preceptorship, the student will have the opportunity to practice and enhance the communications, physical diagnosis, and presentation skills learned in the ongoing clinical skills curriculum that begins in September of Year I. The student will be observed by the preceptor and receive constructive feedback. Preceptorships will take place not only in primary care settings but also in urgent care and other subspecialty care settings. Dr. Padrino herself participated in a preceptorship during medical school and valued the opportunity to build a relationship with a practicing clinician early on.



Dr. Padrino

**Dr. Padrino** exemplifies a clinician comfortable in diverse settings. At University Hospitals, her current responsibilities include supervising residents as Medical Director of the Internal Medicine Residents Clinic, following patients prior to undergoing liver transplant, seeing her own patients as a therapist, doing psychiatric consults, and working at a homeless mental health clinic.

The design team for “Block 8,” Clinical Mastery, combines faculty new to Case and its curriculum, faculty involved in existing programs, and students. The team has been focusing on adapting existing programs to expand clinical exposure and creating new ones for the new curriculum. Along with **Dr. Padrino**, **Dr. Mireille Boutry** serves as co-leader of this group.

Dr. Boutry draws on years of leadership experience in the Family Clinic and a longstanding interest and involvement in medical student education. The design team is under the overall supervision of the Clinical Mastery Program that also includes the Science of Clinical Practice and the curriculum in clinical reasoning and is co-directed by **Dr. Dan Wolpaw** and **Dr. Ted Parran**.

The design process for clinical education in the pre-clerkship phase of the curriculum has taken off and continues to evolve. The challenge is to offer an integrated program of high quality activities that provide a substantial, meaningful clinical experience, promote mastery of clinical skills, explore the doctor-patient and doctor-society relationships, and encourage reflection.

Please contact Dr. Dan Wolpaw ([drw4@case.edu](mailto:drw4@case.edu)) or Dr. Mireille Boutry ([mx34@case.edu](mailto:mx34@case.edu)) with specific questions or comments.

## QUICK OVERVIEW OF THE NEW CURRICULUM

**Issue 1** of the *New Curriculum Update Bulletin* outlined the CASE System of Medical Education. Recall that the curriculum vision 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, a two-part sequence:**  
*Part I: Social, Behavioral, and Environmental Context of Health and Disease*  
*Part II: Scientific and Clinical Foundations*
- 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> <ul style="list-style-type: none"> <li>• Social , Behavioral, Environmental Context of Health and Disease</li> <li>• Scientific and Clinical Foundations</li> </ul>	Board Review	<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> Social/ Behavior/Environ Context of Health and Disease	<b>Block 2</b> Building a Human Being	<b>Block 3</b> Food to Energy	<b>Block 4</b> Homeostasis	<b>Block 5</b> Host Defense and Host Response	<b>Block 6</b> Cognition, Sensation, and Movement	<b>Block 7</b> Structure (Anat., Histo-Path, Radiology)	<b>Block 8</b> Clinical Mastery	<b>Block 9</b> Longitudinal Themes	<b>Block 10</b> Research & Scholarship	<b>Block 11</b> Board Review
Longitudinal Blocks & Themes		(Endo, Repro, Development, Genetics, Mol Biol, Cancer Biology)	(GI, Nutrition, Energy, Metabolism, Biochemistry)	(CV, Pulm, Renal, Cell Regulation, Pharmacology)	(Host Defense, Microbiology, Blood, Integument, Auto-immune)	(Neuro, Mind Musculoskeletal)					
<b>Block 7: Structure (Anat., Histo-Path, Radiology)</b>											
<b>Block 8: Clinical Mastery</b>											
<b>LONGITUDINAL THEMES</b>											
•Civic Professionalism											
•Leadership											
•Population Medicine											
•Bioethics											
•Research & Scholarship											

## RESEARCH AND SCHOLARSHIP

Each student will:

- Undertake a mentored experience in research and scholarship
- Have a minimum of 4 months protected time
- Identify a research question, develop an approach, 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 with basic science integration: two 16-week blocks of required basic core rotations (Basic Core I and Basic Core II) and 16 weeks of advanced core rotations that may be taken non-sequentially and at multiple sites (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:**  
Neurology, Pediatrics, Psychiatry, Women's  
Health (OB/GYN)  
Basic Science Integration  
(16 weeks at one of 3 teaching sites)

**ADVANCED CORE:**  
In planning stages  
Basic Science Integration  
(Non-sequential rotations totaling 16 weeks, multiple sites)

### TYPICAL OPTIONS FOR CORE CLINICAL ROTATIONS AND RESEARCH

<b>March 08</b>			<b>July 09</b>
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
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
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

### ADVANCED CLINICAL AND SCIENTIFIC STUDIES

- Sub Internships
- Areas of Concentration: in-depth scholarship integrating basic science and clinical experiences
- Further clinical and research electives

## EDITOR'S CORNER

### In Awe

For students who come to Case to work with patients early,  
Donning a crisp white coat means something special that will surely  
Transform “rotating apprentices” into observers ever so astute  
By expanding their horizons to include care both chronic and acute.

They will cycle through a “lifetime” of compressed mini-rotations,  
Where they’ll develop a profound respect for the utter strength of patients:  
From the newborn proclaiming his arrival by emitting that first cry  
To the seemingly frail hospice patient who is not afraid to die.

They’ll get a sense of how much more they have to learn, and it can be mind-bending.  
They’ll need help in figuring out where to find answers to those questions never-ending.  
The mentor each is paired with will alternate as teacher, colleague, and confessor—  
And, on occasion—most candid critic, which can be an added stressor.

Under their mentor’s watchful eye, students will begin their patient dealings.  
As they improve their clinical skills, they’ll also come to terms with what they’re feeling.  
That Case welcomed their own unique, diverse nature—they won’t soon be forgetting—  
With the expectation they do likewise when treating patients in the clinic setting.

Over the course of a year, working with the same practicing clinician,  
Students will learn by example early on what it means to be a physician.  
And in cultivating ongoing relationships with more than a patient or two,  
They’ll discover more about themselves than they ever thought they knew.

Your ideas are welcome. Email me suggestions for future themes/features for the *New Curriculum Update Bulletin*.



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