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Retreat Photo courtesy of Jonah Stulberg, M.P.H., and
Class of 2008

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THEME OF ISSUE 9:

Basic Core II at MetroHealth Medical Center

The new clinical core rotations will begin July 2006 for roughly 180 current Year II students in the *University* Program Class of 2008 and in the *College* Program Class of 2009. (The College is a five-year program.) Current Year I students in the University Program Class of 2009 may choose to begin clinical rotations as early as March 2007. Each of the three required clinical core rotations lasts 16 weeks and is offered at each of the three affiliated teaching sites (UH/VA, MetroHealth, and CCF). Basic Core I encompasses family medicine, internal medicine, and surgery. Basic Core II is described below. Both Basic Cores I and II allow students to spend the entire 16 weeks at one site. The third required core, the Advanced Core, however, can be taken in 4-week modules and scheduled among different sites. The 4 modules of the Advanced Core include Aging in Men and Women, Undifferentiated Care, Chronic Care, and Peri-Operative Care and Pain Management.

Basic Core II integrates four medical specialties: **Pediatrics, Neurology, Psychiatry, and Obstetrics and Gynecology**. **Basic science** will be integrated via case-based learning at Metro and at the Friday afternoon sessions held at the School of Medicine, where important concepts relevant to the clinical contexts of the basic core block will be introduced or re-emphasized. **Peggy Stager, M.D.**, mstager@metrohealth.org, design team leader of **Basic Core II at MetroHealth Medical Center**, cited two main factors the team took into consideration when designing their particular Basic Core II: 1) learning objectives determining core content, and 2) the strengths of the various clinical services at Metro. In addition to Dr. Stager, Metro Basic Core II team members include Nazha Abughali, M.D., David Birnkrant, M.D., May Blanchard, M.D., Lendita Erhardt, M.D., Mark Feingold, M.D., Tom Frank, M.D., Joseph Hanna, M.D., Susan Post, M.D., Anita Schwandt, M.D., Terry Stancin, Ph.D., Bradley Stetzer, D.O., and Robert Weiss, M.D. The Course Manager assisting the team is Ms. Karen Goda. Keep in mind that all models described in this article are evolving and may undergo additional revision.

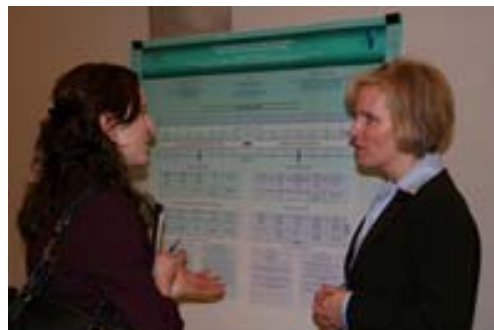


Photo by Jonah Stulberg

Dr. Peggy Stager (right) explains Metro's Basic Core II poster to Dr. Lynda Montgomery (left) at the March 3 HealthSpace Cleveland education retreat.

The Basic Core II at **Metro** uses a *dyad*, or pairing, formation to maximize the learning experience by integrating the didactic activities (such as framing lectures and journal clubs) and student-led case presentations. **Pediatrics** and **Obstetrics and Gynecology** are integrated to form one dyad; **Neurology** and **Psychiatry** are integrated to form the other dyad.

View the poster for MetroHealth's Basic Core II, which maps out components and includes sample weeks, at <http://casemed.case.edu/curricularaffairs/newcurriculum/RetreatPosters/CLBlockIIMETRO.htm>.

About 30 students total will be enrolled in the core block. These 30 students will be divided into two groups, each dyad ranging from 14 to 16 students: Each dyad is further divided, allowing, for example, the 7 or 8 students in Pediatrics and the 7 or 8 students in Ob/Gyn to alternate between both separate small group activities geared to the specialty and whole group activities combining the two specialties. The purpose of the integration is shared learning experiences to dissolve the “silo” effect of isolated specialty rotations by blending spheres of learning.

Duration of each of the disciplines allows flexibility to accommodate important components. The entire block starts with a large-group **one-day orientation** familiarizing students with “housekeeping” issues (logistics, procedural issues) particular to the Metro site. Students also get a preview of expectations for their service and their longitudinal patient experiences. (These are discussed in more depth later in the article.) **Midway** through the core, after Week 8, the “**switch date**” occurs, when the two dyads “**flip flop**.” Students in the Pediatrics and Ob/Gyn dyad exchange places with students in the Neurology and Psychiatry dyad. At this time, the entire 30 students in the block meet as a large group for didactics and participate in clinical activities at the Skills and Simulation Center (located at the Louis Stokes Cleveland Department of Veterans Affairs Medical Center). Assessment also takes place at this halfway measure. **Assessment** is once again incorporated into the **sixteenth and final week** of the block, when students, while still on service, participate in a variety of activities, including meeting with their faculty advisor and completing and reviewing their ePortfolio.

The 8-week clinical schedule integrating **Pediatrics and Ob/Gyn** makes use of the following clinical settings: for **Pediatrics**—newborn nursery, well child care clinics, and acute pediatric care, and the inpatient service for **Ob/Gyn**—operating room (for gynecological cases), ambulatory women’s health clinic, and labor and delivery service. Students assigned to Pediatrics will meet separately in their small group for activities such as: reviewing the physical examination skills, history taking, clinical reasoning, and case discussion as will students assigned to Ob/Gyn. The whole group combining the 16 students in the dyad will get together for shared lectures on content/themes common to both Pediatrics and Ob/Gyn, incorporating cases where content overlaps, such as UTI (urinary tract infection) or postpartum and newborn care and teen pregnancy. In this dyad, students will observe how age impacts the common diagnosis and how common medical ideologies present in each of these disciplines.

The 8-week teaching schedule integrating **Neurology and Psychiatry** makes use of the following clinical settings: for **Neurology**—neurology consultation service, stroke clinic, muscle clinic in pediatrics and adults, and stroke rehabilitation clinic, and for **Psychiatry**—inpatient psychiatry ward service and psychiatry consultation and liaison service. Students assigned to Neurology will meet separately in their small group for activities such as: lecture, review of the specifics of the neurology exam, and EEG and EMG testing, as will students assigned to Psychiatry for activities such as case presentations, interviewing skills, and psychopharmacology. The whole group combining the 16 students in the dyad will get together for a shared lecture/teaching schedule, incorporating common themes such as altered mental status, depression with chronic illness, psychosis, dementia and neuropsychiatric issues in the elderly patient. Daily radiology rounds and assessing undifferentiated patients (such as new onset memory loss) from both the psychiatric and neurological viewpoints are examples of shared activities.

Longitudinal Patient Experiences enable a student to follow *multiple* patients throughout the entire 16-week block and build a portfolio of longitudinal patient encounters. Students will be assigned 1) pediatric longitudinal patients, such as a newborn baby, a well toddler, or a child with a chronic illness such as asthma; 2) Ob and Gyn longitudinal patients, such as a third trimester pregnant woman, or a woman with an abdominal mass or a breast mass; 3) neurological longitudinal patients, such as a stroke survivor to follow from the Emergency Department through return to the comprehensive stroke clinic, and 4) psychiatric longitudinal patients. Students may also initiate their own longitudinal patient selection, pending agreement by the patient. The student will follow the patient through his/her multiple outpatient appointments, such as medicine clinic, gynecology clinic, radiology testing, or operative procedures. The primary association expands beyond the initial setting to become an experience of “patient care exposures.”

The student “connects” with the patient and *follows alongside the patient* with his/her care, moving through the different systems and experiencing management of a patient in a variety of settings. For example, an acute stroke patient may begin with two visits in Neurology, then go to outpatient psychiatry for treatment for depression, and then to Internal Medicine for an EKG after experiencing chest pains. A woman with a breast mass may begin with mammography, continue with a visit to a breast surgeon, and then undergo surgery. Treatment of a newborn involves a series of well child care visits, check-ups, and vaccinations. The student does not direct the patient’s care. The student acts as a “support system” for the patient and as a “catalyst” for the healthcare system. The student has the responsibility for introducing him/herself to healthcare team members in the various settings while explaining that he/she is following the patient. The student may remind the patient of upcoming appointments.

The longitudinal patient experience is learner-centered in that the student chooses what appointments to attend. There is no separate reserved time set aside for the longitudinal patient experience, and the student cannot be expected to accompany the patient to all the appointments. The student may even choose to continue the longitudinal patient experience beyond the 16-week block when following Basic Core II at Metro with Basic Core I at Metro. Students will be encouraged to log all longitudinal patient care experiences into their ePortfolio.



Peggy Stager, M.D., has been on the MetroHealth staff as a pediatrician with a specialty in adolescent medicine since 1993.

Consistent with new curriculum guidelines, learning experiences are designed to meet the student’s learning objectives. What does the hospital have to offer the student? The student is viewed as central—connected—to the patient, and the student’s role is not limited or constrained by a given service. By participating in a continuous experience that permits observing the patient in a variety of health care settings, the student increases the depth and breadth of the patient care experience.

QUICK OVERVIEW OF THE NEW CURRICULUM

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

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***
- 2) ***Research and Scholarship***
- 3) ***Core Clinical Rotations***
- 4) ***Advanced Clinical and Scientific Studies***

Educating Physician Scholars

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

Foundations of Medicine and Health

July 2006

March 2008

| | Block 1 Becoming a Doctor | Block 2 The Human Blueprint | Block 3 Food to Fuel | Block 4 Homeostasis | Block 5 Host Defense and Host Response | Block 6 Cognition, Sensation, and Movement | 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, Cell Physiology) | (Host Defense, Microbiology, Blood, Skin, Auto-immune) | (Neuro, Mind Musculoskeletal Cellular Neurophysiology) | |
| | 1 Week Clinical Immersion | 1 Week Clinical Immersion | 1 Week Clinical Immersion | 1 Week Clinical Immersion | 1 Week Clinical Immersion | 1 Week Clinical Immersion | |
| | Reflection & Integration | Reflection & Integration | Reflection & Integration | Reflection & Integration | Reflection & Integration | Reflection & Integration | |
| Block 7: Structure (Anat., Histo-Path, Radiology) | → | → | → | → | → | → | |
| Block 8: Clinical Mastery | → | → | → | → | → | → | |
| LONGITUDINAL THEMES | | | | | | | |
| • 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 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 |
| 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

- 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

Reflections on Connections

Basic Core II at Metro is unique
In its choice of **dyads** as the tool to tweak
The longstanding “silo” effect of specialty rotations
And emphasize common elements via paired integrations.

One dyad couples **Pediatrics** with **Obstetrics/Gynecology**,
The other unites **Psychiatry** and **Neurology**.
The former shares learning experiences in **postpartum and newborn care**,
The latter **assesses undifferentiated patients with new onset memory loss** in hopes of repair.

To maximize learning, the design team offers these recommendations:
Take advantage of **cross-discipline, student-led case presentations**.
Pay attention to global topics by using pedagogical tactics
That share **framing lectures** and **journal clubs** comprising the **didactics**.

Metro students will still complete all **four rotations**,
But they'll avoid unnecessary duplication and specialty-specific isolation.
Sharing common themes constitutes a major strength
And succeeds in making optimal use of the **block's 16-week length**.

Metro's Basic Core II is all about trying to “**connect**”—
Not only via **interdisciplinary matters** of the intellect,
But through recurring **student/patient** contacts over 16 weeks,
With the student providing the **support system** that the patient seeks.

The student accompanies the patient to appointments in a variety of situations.
Longitudinal patients may include a newborn in need of check-ups and vaccinations,
Or a woman with an abdominal mass headed for diagnostic testing and an operation,
Or a stroke survivor brought to the ED who's learning to regain skills through rehabilitation.

The student follows alongside the patient by **choosing** what **appointments** to attend.
The initial meeting expands into a full-blown **series of patient care exposures** by the end.
Moving through different systems, introducing himself to each new healthcare team he meets,
The student experiences **patient management in different settings** as this scenario repeats.

While the student does not direct the patient's care, he does develop a strong connection
So that when **logging patient encounters**, he is motivated to make time for reflection.
Those remaining for Metro's Basic Core I intent on continuing the association
Have the option of extending their own particular winning student/patient combination.



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