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ABSTRACT

BLOCK 1: THROWING OUT THE BATHWATER WHILE HOLDING ON TO THE BABY. Christine Gosen¹, Emily Evans¹, David Aron². ¹*Case Western Reserve University School of Medicine, Cleveland, OH,* ²*Veterans Affairs Medical Center, Cleveland, OH*

PROBLEM/QUESTION: In 2006-2007 Case introduced an innovative new WR2 medical school curriculum. In preparation for 2007-2008 can we use student feedback to restructure the initial 5 weeks (Block 1) of WR2 while maintaining the educational goals of introducing the profession of medicine in a self-directed learning environment? Will restructuring the curriculum improve satisfaction reflected in future student feedback?

OBJECTIVES: 1) Obtain and evaluate student feedback to identify areas for improvement, 2) present a revised curriculum for student and faculty evaluation and alteration before implementation, 3) continue improving the curriculum based on future student feedback.

PROJECT DESCRIPTION: We propose a revised structure for Block 1 of WR2 based on iterative student feedback. The objectives of this block remain to: 1) foster a sense of the professionalism of medicine, 2) demonstrate how patient care involves multiple domains beyond clinical medicine, e.g., biomedical science and society; and 3) emphasize the integral role of the physician as scholar while permitting time for self-directed learning. We will also consider incorporating other methods for learning, including web-based teaching modules. After the initial restructuring, a template will be reviewed by students and faculty for further revision before implementation. This process will continue in future years.

RESULTS: Although Block 1 was successful overall, students identified key areas for improvement including organization, integration, coherency, and scheduling. In particular:

- Structure to parallel other blocks and increase afternoon self-directed learning time
- Identify weekly themes and provide integrative sessions
- Coordinate faculty to reduce redundancy particularly in medical informatics
- Pursue key topics in more depth
- Provide more sample exercises and better resources (hard copies, syllabus)
- Make advanced sessions optional and link them to IQ group sessions
- Improve eCurriculum technical execution
- Explain assessment procedures
- Increase involvement in the community

Proposed curriculum is ready for first revision

LESSONS LEARNED:

- Areas of improvement can be identified via student feedback, but feedback quality varies
- Students appreciate early clinical experiences
- Student ideas of their peer's knowledge base is not necessarily accurate
- Students priorities vary so that pleasing everyone is difficult

QUESTIONS:

- Is it premature to change the curriculum given only one year of feedback?
- Can improving student feedback allow for more effective curriculum revision?
- Does responding to student feedback impact outcome and future student learning?

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