

January 12, 2006 CME Minutes

1. **Demonstration of New eCurriculum Management System**

Dr. Thomas Nosek, Associate Dean for Academic Computing, **Dr. Irene Medvedev**, Director of Academic Computing, and faculty members **Dr. Brian Maddux** and **Dr. Georgia Wiesner** have been working to create exciting new online resources to support the new curriculum. Dr. Nosek met with block leaders for the Foundations of Medicine and Health curriculum in November, and they agreed on the concepts for this unique new resource that **creates, manages, and analyzes the curriculum**. Until January, Dr. Nosek worked with the faculty assessing their needs. From now until March 1, beta testing will take place to refine the system and determine what additional features need to be added. At a meeting scheduled for next week, course managers will learn how to use the features that Dr. Nosek demonstrated at today's CME meeting to work with the blocks they support. Course managers and faculty will still be able to enter their own changes to modify the eCurriculum.

Starting this coming year, there will be **no print syllabus**. In addition, **students will be responsible for purchasing their own computer** in accordance with parameters they will be given.

Dr. Nosek conducted a feature-by-feature demonstration of the **new eCurriculum management system**, which is **organized by curricular blocks**. The set-up of Block 4 Homeostasis was used throughout the entire demonstration. Content from the new eCurriculum can be downloaded to the students' computers and accessed by CD or DVD. Dr. Nosek started by showing CME members the **concept chart**, where each topic is further broken down by **learning objectives**. **The entire system is driven by learning objectives. If the learning objective is underlined, the learning objective has been assigned to a learning activity. Every question in an exam will link back to specific learning objectives.** Dr. Nosek demonstrated **how to define a learning objective**. Once a learning objective is entered, the system keeps track of it throughout the total 18-month duration of the Foundations of Medicine and Health curriculum. It shows all activities related to that specific learning objective. The eCurriculum has **contact information** for each faculty member in a particular block. Along with listing learning objectives, the eCurriculum details **how students are supposed to achieve the learning objectives**. Mrs. Saha will work with faculty to define a list of **key words** that will enable standardization to support a search mechanism. We were never able to implement this in the current curriculum. A limited group of faculty will be able to edit or add key words.

Dr. Nosek then demonstrated **how to create an activity** online:

- Define the **educational activity** by selecting it from a dropdown list, i.e., "interactive session"
- Choose the activity **type**, i.e., "small group"
- Type in the activity **title**

- Indicate names of **teaching faculty** (Select from 3500 faculty already entered in the official Case School of Medicine database; non-affiliated faculty without Case appointments can be added.)
- Indicate **duration** of the activity, i.e. 180 minutes
- Go through the grid to find **learning objectives**. Learning objectives are then assigned to an activity. Multiple learning objectives can be assigned to a learning activity. **Reinforcement of learning objectives via repetition is encouraged. It is hoped that each block will look for recurring learning objectives.**
- The **guide to achieving learning objectives** requires either typing or cutting and pasting your **instructions** in a textbox.
- Assign a **key word** to this kind of activity from a dropdown list, i.e., Medical Informatics
- **Save** the activity.
- **Assign** the activity by selecting all activities created, such as Medical Informatics. Type in **week number of the block** and **week day**. **Color coding** has been used to prevent putting activities in the wrong destination.

Dr. Nosek explained that this system not only **creates curriculum** but **manages it**. One can **find all the activities**. One can **find where faculty taught in the curriculum and the number of hours they taught**. These **data can be linked to an evaluation system**.

When asked about **recommended sources**, Dr. Nosek mentioned the original intent to have faculty type that information into the instructions textbox mentioned above. The resource could be linked and downloaded to a Word document where the student could add his/her own notes. **Mrs. Saha recommended making the assigned readings/resources a separate textbox** rather than incorporating it into the instructions textbox. She needs adequate time to find out if the specified print and electronic materials are still available and then to negotiate to buy these textbooks and site licenses. All electronic materials are either bought or licensed. Dr. Altose encouraged faculty to scrutinize their list of resources and achieve some standardization. Mrs. Saha referred to one block's recent submission of 8 requested resources as offering opportune **"teachable moments"** for students learning **search skills**. The potential resource listing provides different scenarios in accessing print and electronic materials. Six of the 8 specified resources were already available through our database. One resource was no longer available. The other was available only in hard copy. Someone in each block needs to check out such matters of availability.

Dr. Nosek explained that the course managers will work with their individual blocks to "try out" the new eCurriculum. Every block has a different outline and even within some blocks, there are different outlines. Blocks that do not yet have their learning objectives linked to the grid will not be able to get the maximum out of this trial period. Entering learning objectives is a considerable task. Blocks have to decide who will enter the learning objectives. As Dr. Brunengraber noted, **entering the learning objectives is equivalent to filling out the schedule for next year**.

When asked about **security** of the system, Dr. Nosek replied that passwords will be assigned to guarantee block-by-block access to prevent undoing someone else's work. Currently, to access the eCurriculum, a School of Medicine user id and School of Medicine password are necessary. However, once we get on the Active Directory, we gain access to the university database and a Case user id and university password will be used.

When asked about **video streaming**, Dr. Nosek replied that the capability is already here. Limited use of video streaming is planned for the new curriculum with respect to lecture. In addition to recording in-class lectures, lectures that are not contained in the contact hours could be streamed and used as an additional resource. We have the capability to bring up streamed lectures from any given year. Dr. Altose added that it is up to each individual block to decide how to present their curriculum, whether they want to use old or new lectures as a resource or whether they wish to incorporate lecture within contact hours. The guidelines for use of contact hours stipulate that the activity must fulfill one of the following: 1) further a framing objective, or 2) be interactive.

2. Curriculum Renewal – Basic Sciences

Dr. Amy Wilson-Delfosse, Basic Science Curriculum Council Chair, announced that most blocks in the Foundations of Medicine and Health are either currently or close to **1) assigning individual class sessions, and 2) writing cases**. On **January 23 and 24**, **Dr. Alan Neville** of McMaster University returns to lead **case writing workshops** for faculty, many of whom have already registered. One crucial task before blocks consists of assigning learning objectives to specific scheduled learning activities—deciding what will go into lecture, into other more interactive sessions, etc. Dr. Altose described the new curriculum as a “case-based” program, where, ideally, small groups of 8 students and a preceptor will explore the concepts of a case. Dr. Wilson-Delfosse cited the need for more focus on the **integration of basic science threads**, or themes, such as cell physiology, neural cell physiology, and pharmacology. Unlike themes such as bioethics, these have not yet been fully threaded through the curriculum. The goal is to place these concepts into the curriculum where they make the most sense. The next block meeting will look into this matter. When asked about the **recruitment and training of facilitators** given the brief six-month period prior to onset of the new curriculum, Dr. Altose replied that this matter is still under discussion. Once it is decided whether there will be a larger block of preceptors (18 per block) or a smaller nucleus of facilitators, each teaching in two or three blocks, recruitment will begin. Dr. Wilson-Delfosse clarified that there will still be some “content expert”-led sessions in the new curriculum. We plan to reap the benefits of having so many gifted researchers at Case. However, it would not be practical to anticipate having enough expert faculty for all our small group needs. Dr. Wilson-Delfosse reiterated that we want a **collaborative** teaching effort; some faculty strongly oppose the dichotomous perception of teaching faculty divided into those who do research and those who focus on education.

3. Basic Science Curriculum Council Update

Dr. Amy Wilson-Delfosse, Basic Science Curriculum Council Chair, announced that the first **Mastery Exam** took place January 6. The CME adopted the new remediation

strategy, a short-term plan for the 18-month transition period preceding the new curriculum, at its February 10, 2005 meeting, with the stipulation that it be reviewed by the CME after completion of Semester I to determine if it should continue as is or needs revision. The eighteen months are divided into three semester blocks. The strategy applies to students in the Classes of 2008 and 2009. Any student failing two committees during the semester is required to pass the cumulative Mastery Exam in order to return to good standing for the next semester. If the student does not pass the Mastery Exam, he/she goes before the Committee on Students. While results will be released tomorrow, the program seemed to go well and the Committee on Students appeared satisfied with using the Mastery Exam as a gating mechanism. Dr. Wilson-Delfosse acknowledged the significant amount of work required of society deans and subject committee chairs, but she emphasized that students were most appreciative.

4. **Curriculum Renewal – Clinical Curriculum**

In the absence of Clinical Curriculum Council Chair, Dr. Dan Wolpaw, Dr. Altose referred those interested to the December 20 issue of the *New Curriculum Update Bulletin* (Issue 6), featuring the December 7 education retreat.

Dr. Lou Binder reviewed progress made in developing the **Advanced Core**. In December, the four themes, or domains, were decided upon: 1) Undifferentiated Care, 2) Chronic Disease Care, 3) Peri-Operative Critical Care and Pain Management, and 4) The Care of Older Adults: Aging in Men and Women. Each of the three sites (UH/VA, Metro, CCF) is putting together a group to begin the operationalization process with detailed planning to begin over the next month or two. Dr. Smith mentioned the importance of integrating the theme of medical prevention into the curriculum, expressing concern that it might get bypassed otherwise. In response to Dr. Smith's suggestion to include a theme on prevention to complement the online elective in Preventive Medicine, Dr. Binder replied that prevention might be more aptly suited to the basic core, perhaps in Family Medicine. Dr. Altose agreed that since acute inpatient care was intentionally reduced, the latter set-up could work. Perhaps prevention could be threaded throughout the entire curriculum. Chronic disease management would be compatible with teaching prevention. Dr. Altose concluded with an overview of the Advanced Clinical and Scientific Studies making up the Advanced Curriculum: a) the Advanced Core, b) two required acting internships (AIs), or sub internships, c) a minimum of 12 weeks in an Area of Concentration, with the remainder of the time available for d) clinical and research electives. Considerable flexibility is built into the structure.

5. **Flexible Program Council Update**

Dr. Kent Smith, Flexible Program Coordinator, mentioned that the program is going well. A Year III class meeting is planned for March 3 to explain the selection process for choosing acting internships for the coming year. The procedure will remain similar to that of the current year.

Dr. Brunengraber expressed interest in finding out how the students who entered in August 2005 are progressing with their thesis requirement—for example, have they all found mentors, etc.? Dr. Wilson-Delfosse added that students are currently considering summer research opportunities. **Dr. Claire Doerschuk**, Associate Dean for Medical Student Research, has been invited to attend the **February 23 CME meeting** to provide an update on the **M.D. thesis requirement**. Dr. Altose explained that Dr. Doerschuk is currently allotted one hour per week for the first 18 months to apprise students of research opportunities, while taking into account the content areas of the particular basic science block.

6. **Library Update**

Mrs. Virginia Saha, Director of the Cleveland Health Sciences Library, explained that as a member of the Block 1 design team, she is looking into the **types of resources needed** and the **search skills necessary** for students at this early point in their medical education. As mentioned earlier in the minutes, she has used potential “resource listings” as “teachable moments” to provide different scenarios in accessing print and electronic materials. Mrs. Saha plans to work with all blocks to find out what specific resources are needed and to determine their cost. Monetary support is needed to purchase multiple copies of textbooks to put on reserve, to acquire online site licenses, and to burn CDs for students. There is also the option of having students buy some books on their own. Mrs. Saha will distribute an official announcement indicating online Case access for the following:

1. *New England Journal of Medicine* (acquired during the summer)
2. *Journal of the American Medical Association* (in negotiations but expected soon)
3. *AMA Archives* access via password
4. *Faculty of 1000 Biology*, distributed by BioMed Central, a “new online research service that comprehensively and systematically highlights and reviews the most interesting papers published in the biological sciences, based on the recommendations of a faculty of well over 1000 selected leading researchers.”
5. *MDConsult* has been renewed with the same four-user license. While there has been some lockout, this has not been a serious problem.

Dr. Wilson-Delfosse inquired as to the need for hard wiring a new return into the eCurriculum since students will need to be proficient throughout their education in using literary search skills. Mrs. Saha replied that this might be formatted as a recurring learning objective. She plans to teach students how to conduct a search and to educate them about intellectual property, including how to protect their own work. Dr. Wilson-Delfosse suggested a possible evening session during the clinical immersion, as students would be motivated to learn more about their new experiences. Mrs. Saha felt that in this instance students need to know when and how to access a more targeted tool, such as *UpToDate*, *Google*, *PubMed*, *GenBank*. Dr. Altose felt that the Tuesday morning Science of Clinical Practice sessions might be another place to incorporate this training. Mrs. Saha inquired whether the electronic patient record will be threaded through the new curriculum. Dr. Altose noted that our students are so computer savvy that they easily pick up the different systems at the hospitals without formal instruction. Dr. Montgomery pointed out the necessity of students in clinical care knowing how to use

both point of care resources and how to do a circumscribed *PubMed* search. Mrs. Saha acknowledged the students' need to be able to do a *PubMed* search appropriate to the clinical setting, looking for review articles, clinical trials, and the Clinical Queries feature for evidence-based medicine articles and genetics emphasis. However, this would be overwhelming the first day. Mrs. Saha concluded by emphasizing the importance of mastering *PubMed* searching, which is a universally available tool that, while changing, is always there and requires no subscription.