

January 13, 2005 CME Minutes

1. Comments from the Chair

Dr. Murray Altose, CME Chair, provided a brief update on the **curriculum renewal**. The second **Basic Science Curriculum Retreat** will take place **Wednesday, January 26**. The third **Clinical Curriculum Retreat** will take place **Tuesday, January 25**. The **Dean's Policy Steering Committee** has grown to 16 people and includes department chairs, general faculty, students, and council leaders. The Policy Steering Committee is currently consolidating input from Drs. Wilson-Delfosse, Terry Wolpaw, and Dan Wolpaw in an effort to determine how the new curriculum will take shape. After the various retreats, *design groups* will be established. At the **January 27 CME meeting**, Dr. Altose will present **specific basic principles and concepts for the new curriculum** for discussion and debate.

2. Report from the Student CME

Mr. Leland Metheny, Year I student representative, mentioned some student anxiety due to computer problems causing a one-half hour delay during Monday's Pulmonary exam. **Mr. Christopher Utz**, Year II student representative, added that the online exam system was changed without previous notice to the students. Answers were not saving and the test was not functioning properly. This was a server problem and students were given an extra half-hour to complete the test. Despite the malfunction, students did well.

3. Cleveland Clinic Lerner College of Medicine Curriculum Steering Council Report

Dr. Andrew Fishleder, Co-Chair of the Cleveland Clinic Lerner College of Medicine Curriculum Steering Council, mentioned that to date the *College* students have completed the Basic & Translational Research, CardioPulmonary, and Renal blocks. The ten-week **Basic & Translational Research Block** starting in July has been formally reviewed with the report presented to the steering committee. This first block has three components: 1) **Research Laboratory Experience**, 2) **Fundamentals of Molecular Medicine** seminar series focusing on basic science and research topics in small group format, and 3) weekly **Journal Club** fostering critical review of the scientific literature. Each component was evaluated, issues needing attention were identified, and a plan for addressing concerns was formulated.

During the **Research Laboratory Experience**, students work with a research preceptor to develop and implement a research project culminating in an oral presentation at the end of the block. Overall feedback was very positive, with students rating both the lab work and oral presentation as valuable. Selected issues meriting attention included:

- Preceptor availability
- Faculty development regarding 1) research preceptor responsibilities, and 2) expectations of students and preceptors
- Time required for research plan development
- Impact of Fundamentals of Molecular Medicine series workload on research time availability

The **Fundamentals of Molecular Medicine** seminar series succeeded in engaging students in small group discussions, building team learning skills, and encouraging problem solving cooperatively. Students also appreciated the exposure to basic research laboratory techniques. In response to a discussant's question, Dr. Fishleder explained that the small group problem solving sessions had students working in class. Standard Problem-Based Learning format was not utilized over the summer. Later on, in cardiology, students began to use PBL. Selected issues meriting attention included:

- Coordination of Journal Club and Fundamentals of Molecular Medicine topics
- Organization of Gene Search (Bio-informatics) seminar series
- Faculty development for small group discussion leaders
- Clarification of course objectives and expectations of students

The weekly **Journal Club** was greeted with enthusiasm by the faculty and active participation by most students. Students were divided into groups of 16 with an individual faculty preceptor. Students critically evaluated basic science journal articles. One journal article was critiqued every week, and each student was responsible for giving one presentation. Students felt that they benefited from the Journal Club experience. Selected issues meriting attention included:

- Coordination of Journal Club topics with Fundamentals of Molecular Medicine weekly themes
- Level of difficulty of selected articles

Dr. Fishleder then presented the course's "**action plan**" to address the opportunities for improvement noted above.

Dr. Fishleder concluded his report on the Basic & Translational Research Block by expressing satisfaction that the course went well and that the students were happy at the end of the summer. Dr. Altose commended Dr. Fishleder for his brief and focused format.

4. **Discussion of Type A Electives**

Dr. Altose raised the following question introduced at the December 9, 2004 CME meeting for revisitation/discussion: **Should Type A electives be required or elective? Should there be requirements for completion of any number of Type A electives, or should they be totally elective? While the value of the electives program was not being questioned, the issue of mandatory electives was. Two broad divergent opinions** are presented in the minutes as an overview of the discussion, with a chronological recounting of other individual issues raised and motions entertained to follow.

With the Flexible Program cited by the LCME as one of the Case curriculum's notable strengths during the accreditation self-study, discussants expressed **concern that making electives completely voluntary** would result in students not taking advantage of as many electives and subsequently losing the enrichment provided—both in the individual student experience with respect to content and

interaction with faculty—and in the variety and depth of the electives program itself.

On the other hand, **proponents of a totally elective program** found that concept 1) in sync with student-directed learning, and 2) amenable to the shortened preclinical curriculum incorporating new public health content, the USMLE Step 1 requirement, and the onset of either the core clerkships or the research block all in the second year. Proponents viewed a totally elective program as a safeguard against overloading the students.

While Dr. Altose clarified that this decision focuses on the transition year 2005-2006, he stressed that it would affect the conceptualization of subsequent years. Later in the meeting, he referenced the decision as applying to 2005 and beyond. Dr. Altose views mandating electives as inconsistent with student autonomy and independence. In place of mandating electives, he encouraged **promoting communication** between the third year, second year, and first year **students** to disseminate information as to which electives are valuable based on firsthand experience.

One CME member opposed making electives truly elective based on the issues listed below and offered a different option: ***reducing the number of required Type A “courses.”***

- There is the expectation that **not all the basic science content will be incorporated into the new core curriculum.**
- Electives contribute to the nonacademic development of the student by offering **valuable shadowing experiences** and the opportunities for **in-depth study** in a variety of areas not encountered in the core curriculum.
- **Student attendance will dissipate** in a totally elective program, and Type A electives are valuable to the students.

Mr. Christopher Utz, Year II student representative, had **solicited his classmates’ opinions. They like electives and find them valuable; they do not like the number of required electives.** His own feeling is that **if Type A electives become completely voluntary, most students would not take them.** He cited his own disappointment when Metro decided to cancel an elective because only two students were present. A four-student minimum is needed to maintain an elective. He felt that popular electives, such as Emergency Medicine and the MAPs (Medical Apprentice Program), would continue but that some basic science electives would disappear. Mr. Utz also expressed the feeling that as the curriculum changes, the character of the student body will change as well.

Proponents of the totally elective program cited the concern for **protecting the students’ time.** Dr. Altose stressed that Type A elective time will **not** be given to another course. **Dedicated time will be set aside for self-directed pursuits so that each student can choose whether to spend it on electives, a lab experience, or study to improve mastery of core material.**

One member felt that the act of “**requiring**” a course **disqualifies it from being a true “elective.”**

One member foresaw **the disappearance of electives if there is no stimulus for the students to be involved.** We know that students want to enhance their clinical skills. We know that students want to enhance their research skills. Perhaps we could stimulate student involvement in those electives. However, some electives will disappear.

One member **opposed mandating electives as an argument to prevent them from disappearing.**

Faculty are willing to sponsor **elective readings for only one student.** However, it was pointed out that preparing a lecture for one person is not practical.

The **LCME** self-study singled out the **Flexible Program** as a very positive area of the curriculum, providing the option for students to be **creative** and to **pursue their own areas of interest.**

At this point in the discussion, Dr. Altose reiterated that the Flexible Program will remain. The desired outcome is to provide more flexibility for the students to pursue their interests.

One member **opposed the use of elective time for lab activities in lieu of electives,** if the student so desires. He urged **deciding on a prescribed level of participation in the elective program** where the student can pursue his/her own interests outside the core program.

One member mentioned Year III anecdotal feedback indicating students took Type A electives in **areas that they might never have explored.** He favored a **decrease from 13 to 4-6 in the number of required Type A electives over the first two years.** Requiring a small number of Type A electives would **provide basic science and clinical faculty with an incentive to teach.** In this member’s opinion, eliminating the elective requirement entirely would decrease the richness of the student experience.

One member acknowledged the variable quality of basic science electives and attributed the problem as occurring when “self-appointed experts” are not really expert in the area they are teaching. He favored keeping a number of high quality electives and tailor-made electives.

Dr. Louis Binder moved...

For 2005 and beyond, students will take four Type A electives over the first two years of medical school and there will be unscheduled time during the day to allow for them.

Mr. Leland Metheny seconded the motion.

When questioned over using the word “electives” to describe courses that fulfill requirements, Dr. Binder explained that “*selectives*” would also be an appropriate word choice, and he further described the elective bank as a list of offerings from which students choose to pursue their interests.

Students would work with the society deans for guidance in choosing afternoon courses.

It was clarified that **research, lab, and independent study could be included under the heading of “electives.”**

The question was raised as to whether there should be a **prescribed level of student participation**. One respondent suggested “only for the transition year,” as he anticipated that, with the new curriculum starting in fall 2006, the student body would be more geared to self-directed learning and its members would likely take electives on their own. Dr. Altose, however, wanted to formulate a proposal applying to 2005 and beyond. The Vice Dean for Education did not envision a distinction between the class entering in fall 2005 (already subject to the thesis requirement and no longer subject to an Ohio residency quota) and subsequent classes. He described a “fiercely independent, scholarly” student body.

One member found it **incongruous to require attendance at electives and not in the core curriculum**.

One member suggested tabling the vote until the CME could **hear more about the new curriculum from Dr. Terry Wolpaw and Dr. Altose**. In the absence of that possibility, he proposed trying the motion as a **one-year only proposal** with time for revisitation and evaluation.

One member expressed his feeling that **one-credit electives** are **superficial**, particularly when compared with graduate school courses that offer so much more depth. He went on to mention his **fear** that voluntary electives will lead to a **decrease in the diversity of offerings in our curriculum** and reduce the broad cross section of learning opportunities.

One member suggested focusing on **what drives faculty to offer electives and what drives students to take electives**. Faculty should want to teach and interact with the students, and students should be self-motivated to explore areas of interest outside the curriculum. He did not view requiring electives as relevant to these goals.

The motion failed to pass.

In favor: 4

Opposed: 5

Abstention: 1

Dr. David Katz moved...

There is no requirement for Type A electives; it will be a completely voluntary program.

Dr. Henri Brunengraber seconded the motion.

Discussants clarified that we are not talking of eliminating the electives program.

Dr. Altose suggested a **review of the Type A elective offerings** in order to make them better. One member suggested evaluating electives after one year. There was brief discussion over the **School of Medicine's responsibility for evaluating** a voluntary program as opposed to a required program. However, the consensus held that the School of Medicine is responsible for monitoring *any* formal student/faculty interaction.

The motion passed.

In favor: 4

Opposed: 3

5. Update on the Research Thesis Program

Dr. Claire Doerschuk, Associate Dean for Medical Student Research, provided an update on the new research and scholarship (thesis) requirement, which starts with the Class of 2009 entering in fall 2005. As mentioned during the December 9, 2004 CME meeting, students in the Class of 2009 will take their last basic science exam on January 31, 2007 of their second year. The entire month of February will be dedicated to studying for and taking the USMLE Step 1. Students will have the option to begin either their thesis or core clerkships in the beginning of March 2007. The year will be divided into **three thesis block offerings**:

- **March – June**
- **July – October**
- **November – February**

Beginning in Year I and possibly continuing into Year II, The **Foundations of Inquiry and Discovery** (Research) course will be offered one hour per week. It will orient the students to the research project requirement. It will provide background in various technologies and approaches. It will enable experts to directly inform the students what opportunities are available in areas of basic, translational, clinical, and population-based research, including studies in behavioral issues, bioethics, health services research, and any other field relevant to the practice of medicine and biomedical science. The option still remains for the student to use the 10-week summer break between Years I and II for research if desired. Dr. Doerschuk mentioned that the Crile Fellowship stipends have been increased to \$2500 for the 8-week period. After selecting a faculty advisor in the student's area of interest, the student will formulate a proposal. The Research Thesis Committee will review each student's submitted proposal for:

- Background and rationale of the question
- Objective, hypothesis, and aims of the project
- Feasibility and appropriate methodology in answering the question

The proposal must be approved before the student can begin.

Dr. Doerschuk responded to discussants' questions. Acknowledging that a four-month period does not allow for the most extensive research, Dr. Doerschuk described the **goals** of the research block as providing **a mentored independent learning experience for the student to pursue an area in greater depth than allowed within the core curriculum.** As medicine is always changing, there is the **need to be learning new things.** Writing up the research project in **thesis format** allows the students to gain experience in the rigors of **scientific scholarship** and gives them the chance to think about their work again from its start and rationale.

When asked about the **possibility of students seeing patients** during their research block, Dr. Doerschuk answered that the research project is to be their **only** activity. The **NIH** stipulates **uncommitted time** as its criteria for funding. (This issue was raised again at the end of the discussion with regard to an already existing ongoing clinical commitment.)

Dr. Doerschuk explained that there was much “lively discussion” in determining the **duration of the research block.** It was decided that 10 weeks was too short. As the **NIH** definition is three months, Dr. Doerschuk expressed satisfaction with Case’s creation of the four-month block.

One member expressed **logistical concerns for the faculty mentor** given the **spread out nature of the research project.** While there is some concentration, he pointed out that the project can be spread out over three years and the thesis is not due until Year IV. He urged compressing the project. Dr. Doerschuk acknowledged that the needs of every advisor/mentor are different. She and the Dean are hoping that the student will become so excited about the project that he/she will spend even more than four months. At the **onset** of the project, there must be an agreement between the student and mentor. Dr. Doerschuk will be teaching **scientific professionalism.** She also pointed out that the student will likely be more interested in publishing the thesis than the mentor in anticipation of residency selection.

The student is to choose his/her mentor. Will students be coached? What if there are too many students for one lab? Dr. Doerschuk replied that she will work with the students and faculty to “balance” the distribution. Imbalances occur in graduate programs and in our own Crile programs. In the latter situation, Dr. Doerschuk has tried to offer interesting alternatives. For medical students not knowing where to go, Dr. Doerschuk will offer direction. Compatibility between mentor and student is encouraged in order to form a successful collaboration. It was acknowledged that not every student will be able to get his/her first choice.

The next issue raised was the **impact of the thesis project on the dual degree students.** The thesis “calendar” does not mesh with the semesters of graduate school. Dr. Doerschuk stated:

**Any student pursuing a dual degree program with a research component—
Master of Public Health, Master’s degree, Ph.D.—is exempt from the thesis.**

However, if the student earned that degree *prior to entering medical school*, he/she must do the thesis project, even if that degree was a Ph. D.

It was also pointed out that **M.S.T.P. (Medical Scientist Training Program) students are *exempt* from the research project.** Dr. Altose summarized: 1) Every accommodation will be made for dual degree students, and 2) Nothing will be done to compromise the M.S.T.P. program.

The last question raised was one that Dr. Doerschuk could not answer at the present time. **If a student had an *ongoing clinical duty*, could he/she continue this during the four-month research block?** Dr. Doerschuk explained that for a student on an NIH stipend, the answer was “no.” However, the issue of whether an ongoing small clinical involvement could be continued during the short four-month research period may need to be revisited. At the present time, the four-month block is for fulfillment of the research and scholarship requirement and no other commitments.