

## January 27, 2005 CME Minutes

### 1. **Guiding Principles and Key Features of the New Curriculum**

Please see the *revised* copy of the “[Case School of Medicine and Health Guiding Principles and Key Features of the New Curriculum](#).” The *updated* copy of the Principles/Features document reflects revisions suggested during the January 27 CME meeting and is to be disseminated via a series of meetings: the Town Hall, meetings with clinical curriculum faculty, with basic science curriculum faculty, with students, with department chairs, etc.

Overall, there has been a consensus in favor of accepting the **guiding principles** as “guidelines for the new curriculum,” although issues have been raised with regard to their implementation. In order to bring these guidelines before the Faculty Council at the February 28 meeting, the CME is seeking a vote on them today. **Guiding Principles for the New Curriculum** are found in the left-hand column of the attached document. Dean Horwitz’s initiative strives for innovation in medical education by reuniting the disciplines of public health and medicine into the *Case School of Medicine and Health*, where the core concepts of health and disease prevention will be fully integrated into the curriculum. Medical education will be *experiential* (“in context”) and instill skills for *scholarship, critical thinking, and lifelong learning*. Appropriate pedagogical methods will be chosen to stimulate an *active* interchange between students and faculty, who function as “mutually respectful partners in learning.” A graduate style educational environment will emphasize *flexibility, independent study, and self-directed learning*. Both **continuity and integration of basic science and clinical science** will be achieved by introducing the scientific foundations of medicine and health into clinical experiences—and the clinical experiences into scientific foundations. “Scientific foundations” include *basic science, clinical science, population-based science, and social and behavioral sciences*. Every student will have an **in-depth mentored experience in research and scholarship**. In recognition of the obligations of the physician to society, the central themes of *public health, civic professionalism, and leadership* will be woven longitudinally throughout the entire curriculum. Systems issues such as *patient safety, quality medical care, and health care delivery* will be emphasized and integrated throughout the curriculum. Students will acquire a **core set of competencies** in the knowledge, mastery of clinical skills, and attitudes that are prerequisite to graduate medical education. These competencies will be defined, learned and assessed and serve as a mechanism of assessment of the school’s success.

**Key features of the New Curriculum** for the Case School of Medicine and Health are found in the right-hand column of the attached document, where plans are listed for *1) organization, 2) teaching and learning, 3) assessment, and 4) faculty support*. Each feature is cross-referenced with the number(s) of the guiding principle(s) from which it stems. The “big picture” approach is being used to devise the curriculum by beginning with a macro (rather than micro) level of study. The five components of the curriculum are:

- *Social, Behavioral, and Environmental Context* of Health and Disease

- *Scientific and Clinical Foundations* of Medicine and Health
- *Research and Scholarship*
- *Core Clinical Experiences*
- *Advanced Clinical and Scientific* Studies

**Organization** of the curriculum offers opportunities to explore cutting-edge biomedical science by beginning *mentored research* during the first one and one-half years to be followed by multiple openings for a dedicated 4-month research block culminating in a *scholarly product*. A break is scheduled between Year I and Year II that can be used for research. The “pillars” of *biomedical science, population health, scholarship, clinical medicine, leadership and civic professionalism* are woven longitudinally into the curriculum. Study begins at the *macro* level with a study of the *social and behavioral context of health and disease in the broader population* before it moves to scientific areas. Dedicated clinical immersion experiences will be found within biomedical and population sciences, and dedicated scientific immersion will be found within clinical rotations. Flexibility in the structure of the curriculum will allow for emphasis on independent study and scheduling choices based on individual areas of interest. Scheduling determinations are driven by ensuring adequate dedicated time for self-directed learning rather than calculating the number of faculty contact hours. In fact, the number of contact hours has been limited to encourage self-directed learning.

**Teaching and Learning** in the new curriculum are characterized by

- *Interactive* teaching with **three student-centered learning groups/week**
- A **maximum of 20 scheduled contact hours/week** (includes three student-centered learning groups, other interactive small and large group teaching, lectures, clinical skills)
- **Limited syllabus** with reference to multiple resources including primary literature, textbooks, Web-based resources and others
- Well-defined **core of clinical competencies** to be learned and assessed
- Deliberate **practice** for all clinical skills through **clinical exposure and simulation**
- Committed clinical teaching **faculty** who *directly observe students’ clinical skills*

Expectations for **Assessment** include:

- Change to predominantly *formative* methods stressing **synthesis of concepts** and promoting **student responsibility** for learning
- Well-defined **core of clinical competencies** to be **learned** and **assessed**
- Well-defined and rigorous **program evaluation**

Description of **Faculty Support** follows:

- *Extensive* faculty development around **interactive teaching** and **tutorial facilitation**
- Support for faculty curriculum leaders during *design, initial implementation, and ongoing curriculum delivery*

**The CME voted unanimously to formalize the Case School of Medicine and Health Guiding Principles for the New Curriculum and Key Features of the New Curriculum, accepting the revisions suggested at its January 27, 2005 meeting.**

**2. Proposal for the USMLE Step 2 Clinical Skills (CS)**

Currently, passage of the USMLE Step 2 Clinical Knowledge (CK) is a requirement for graduation from the Case School of Medicine. In 2004, the USMLE Step 2 gained a second component: the Clinical Skills (CS) exam, which is graded pass/non-pass. **Currently**, we require students to *pass* the USMLE Step 2 *CK* in order to graduate and to *take* the USMLE Step 2 *CS* prior to graduation.

**Dr. Marcia Wile**, Director of Curricular Evaluation, drafted a proposal **stressing the importance of passage of the USMLE Step 2 CS, which is a requirement for licensure**. It mandates a **passing score on the USMLE Step 2 Clinical Skills (CS) as a requirement for graduation**, starting with the **Class of 2006**, and establishing a **deadline** by which all students must take the exam for the first time—of the academic year in which they intend to graduate. The proposal in its original form was electronically circulated prior to the January 27 CME meeting in order for members to come prepared for discussion. It is noteworthy to mention that ***all CME student representatives***—**Mssrs. Brian Chow (Year IV), Jason Garnreiter (Year III), Christopher Utz (Year II), and Leland Metheny (Year I)** were present for the CME meeting.

The following **arguments** were raised **questioning certain aspects of the proposal**, particularly **concerns over reliability, timing, and cost** of exam:

- We still do **not** have **enough data or experience** pertaining to the exam (who fails and why) to make it a requirement for the current Year III class (Class of 2006). Only a few scores have been reported to date. Make the exam a requirement for the Class of 2007, instead of 2006.
- November 30 (***original*** proposal) is **too early of a deadline**. Students take AIs (Acting Internships) from July through October of Year IV, so they have no free time. Let them combine the trip to take the USMLE Step 2 CS with their residency interviewing, which they finish in January.
- Concern that there will **not be enough turnaround time to take the exam, find out the score** (long “reporting” time), **re-take the exam if necessary prior to May graduation**. Students re-taking the exam may not even know before graduation if they have passed.
- Some students had to wait three-to-five months to schedule at certain sites. In addition, many students at other medical schools are required to take the exam in the **fall**, thus making it more difficult for Case students to schedule.
- While students can schedule the exam up to one year in advance, they must pay up-front for the exam, which is costly, and the exam might end up interfering with their residency interviewing schedule.

The following are **arguments raised in favor of the proposal**:

- The national failure rate on the USMLE Step 2 CS is 2-3%. This is a *minimum*-competency exam.
- The date of the original proposal was only meant to serve as a guideline. The NBME recommends that the students take the CS (Clinical Skills) first and then the CK (Clinical Knowledge).
- Requiring the CS for graduation is about helping those few who need it. Residency program directors do not want interns taking time off to take this exam; the CS may even become a requirement for hire in the near future. Not requiring its passage for graduation might indeed be doing students a disservice.
- Contact Dr. Peter Scoles about the possibility of Case becoming a testing site.

Pursuant to discussion, it was decided to change the **deadline** for taking the USMLE Step 2 **CS** to the **same** date as that already stipulated for the USMLE Step 2 **CK**: **January 31** of the intended year of graduation. This modification addressed concerns that the proposed deadline was too early.

**The following motion and amendment passed by a vote of 5 in favor and 4 opposed:**

**A passing score on the USMLE Step 2 Clinical Skills (CS) is a requirement for graduation from Case Western Reserve University School of Medicine, effective with the Class of 2006 and thereafter. Case medical students must take the USMLE Step 2 CS for the first time by January 31<sup>st</sup> of the academic year in which they intend to graduate.**

**Amendment: This policy assumes timely reporting of test scores (within six weeks of sitting for the exam). Should this not occur, the issue will be revisited.**