

## February 23, 2006 CME Minutes

### 1. New CME Member

Dr. Altose introduced new CME member **Dr. Michael Rosen**, a general surgeon from University Hospitals who replaces appointed member Dr. Jeffrey Ponsky.

### 2. Minutes of February 9, 2006

The **minutes of February 9** were approved as distributed with intent to review the **USMLE Step 1 requirements policy** presented in light of a suggestion from Dr. Chris Brandt, chair of the Committee on Students, as relayed by Dr. Terry Wolpaw. Rather than waiting to send students to the Committee on Students after their *third* failure of the USMLE Step 1 with a recommendation for dismissal, Dr. Brandt recommended that University Program students meet with the Committee on Students after their *second* failure. Should this change apply as well for College program students, who are referred to the Medical Student Promotions and Review Committee? Dr. Wolpaw is currently circulating a draft of the USMLE Step 1 requirements policy that was approved by the CME on February 9 for further input/revision.

### 3. Basic Science Curriculum Council Update

**Dr. Amy Wilson-Delfosse**, Basic Science Curriculum Council Chair, highlighted two changes proposed at last Monday's meeting pertaining to semi-cumulative Mastery Exam remediation for the Classes of 2009 and 2008: 1) *Mastery Exam Block 2* has been divided into two separate blocks, and 2) Identification in a *longitudinal* committee no longer counts as part of the two-committee identification mandating Mastery Exam remediation.

The original **Mastery Exam Block 2** was overly long and covered so many different content areas that it was difficult to include enough questions to produce a reliable, representative exam. Indicative of more reasonable expectations, the revised Mastery Exam Block 2 has been broken into two blocks for the Class of 2009: the new Block 2 ends right before spring break in April to allow for study time, and the new Block 3 ends at the start of summer so that students can study. Dr. Wilson-Delfosse distributed a mastery exam schedule, which also included the remaining Mastery Exam Blocks: Blocks 4 and 5 will stay the same for the Class of 2009 next year, and Blocks 1 and 2 will not be changed for the Class of 2008 this year. Dr. Chao noted, however, that students remediating Block 5 will also be studying for the USMLE Step 1 at the same time.

While Histopathology, Anatomy, and Pathology content will continue to be included on mastery exams, a final identification in one of these year-long **longitudinal committees** will not count toward taking the Mastery Exam. Identified students will, however, be required to **remediate and pass** a longitudinal committee assessment *individually* at the end of the committee.

Dr. Smith added that the society deans favored this proposal as alleviating student stress.

**The CME approved the Mastery Exam remediation policy changes by consensus.**

**4. Clinical Curriculum Council Update**

**Dr. Dan Wolpaw**, Clinical Curriculum Council Chair, focused on the transition year for current Year III students (Class of 2007) and incoming students. While the CME approved at its March 24, 2005 meeting the request to move up the deadline to October 31, 2006, for completion of all core clerkships by the Class of 2007, Dr. Wolpaw asked the CME to waive the deadline for this year only in order to accommodate the overlap. Roughly, 55 to 60 students have yet to take the psychiatry rotation, 55 to 60 students have yet to take neurology, and about 30 students have yet to take Ob/Gyn. Dr. Wolpaw is currently working with the different specialties involved. It is anticipated that psychiatry will be able to accommodate the remaining students on its own. Neurology and Ob/Gyn, however, need to set up an extra clerkship between mid-June and mid-July for at least some of their remaining students.

**Dr. Dan Wolpaw moved...**

**to waive the October 31, 2006 deadline for completion of all core clerkships by the Class of 2007.**

**Dr. Lou Binder seconded the motion.**

**The motion passed unanimously.**

**5. Flexible Program Council Update**

**Dr. Kent Smith**, Flexible Program Coordinator, announced that to date there have been no failures among the scores reported for the USMLE Step 2 CS (Clinical Skills), already taken by most of the students. January 31 was the deadline for all Case students to take the USMLE Step 2 CS.

Dr. Smith followed up on last meeting's mention of visiting students who take fourth year electives here, specifically going through the medical school and the Registrar's office, with an informal listing of schools represented. Visiting students do not have to register through Case—they can go directly to Metro or UH but do not receive credit through the school. The Clinic handles all enrollments in their electives themselves.

Dr. Altose mentioned that he belongs to a working group for the Skills and Simulation Center, located on the VA campus. Dr. Dan Wolpaw added that the Year II OSCE will be held there. Dr. Kathleen Rosen, director of the Skills and Simulation Center, and Dr. Susan Padrino, director for Physical Diagnosis, will be involved. **Dr. Rosen** has accepted the CME's invitation to share her ideas at the **April 27** meeting on **how the Skills and Simulation Center can contribute to medical student education in the new curriculum.**

**6. Curriculum Renewal Update**

**Dr. Terry Wolpaw**, Associate Dean for Curricular Affairs, presented the agenda for the daylong **annual medical education retreat** taking place **March 3** at HealthSpace Cleveland. Posters submitted by each design team comprising the Foundations of Medicine and Health and all clinical programs will be displayed and accompanied by oral

presentations. After the kick-off by Dr. Altose, Dean Horwitz will speak, followed by a presentation by Maryellen Weimer, Ph.D., on learner-centered teaching. Afternoon workshops are focused on various learning-centered teaching skills needed for the new curriculum starting in July.

**Dr. Wilson-Delfosse** mentioned that most Foundations blocks are currently involved in case writing. Both Dr. Alan Neville of McMaster University and Dr. Susan Cymbor of the Cleveland Clinic have acted as valuable consultants helping faculty construct cases that lead students to the essential learning objectives. Blocks 1 through 7 are working on the hour-by-hour weekly template.

**Dr. Dan Wolpaw** described the *University Program “Friday afternoon” basic science correlations and enhanced Clinical Mastery development components* held at the School of Medicine for *all* students participating in **Basic Core Blocks I or II** at all three affiliated sites. Two simultaneous basic science tracks—one for students in Core I and another for Core II—will run for 16 Friday afternoons (the length of the 16-week basic core) from 1:00 to 3:00 p.m. and will then be repeated for the duration of the second core. The hours from 3:00 to 5:00 p.m. will focus on clinical topics such as evidence-based medicine, advanced clinical skills (communications and physical diagnosis), advanced Science of Clinical Practice, leadership, professionalism, and ethics. Students will spend the last Friday of each 4-week segment meeting with their advisors to discuss feedback and progress through the 16-week block. The purpose of the basic science correlations curriculum is to either introduce or re-emphasize important basic science concepts relevant to the clinical contexts of core blocks I and II. Basic science design teams (the Foundations blocks) need to identify these learning objectives and then determine a content expert for each learning objective to help develop a Friday afternoon session in collaboration with the clinical faculty. **March 10 is the deadline for turning in learning objectives for the Friday afternoon curriculum.** This will be followed by prioritization of learning objectives.

**Dr. Terry Wolpaw** provided an update on plans for **preceptors and small group leaders** for the new curriculum that signals the shift in teaching philosophy favoring interactive small group format. Small groups of 9 to 10 students will meet for two-hour sessions three times a week: Monday, Wednesday, and Friday. Dr. Wolpaw summarized the two major areas of concern:

1. Can faculty take the learning objectives and make them work in a small group schedule?
2. Can the School of Medicine and the faculty come together to write cases in new ways?

Dr. Wolpaw found the re-prioritizing of learning objectives that is taking place impressive. She added that the faculty are fully engaged in case writing.

In spite of the current financial challenges at the university, the **Dean has promised support for small group teaching**, which remains his top priority. Dr. Wolpaw described the proposal to support the “substantial teaching roles” of the new curriculum. In addition to preparation time, **Foundations small group preceptors** will spend six

hours per week in class, with the average block consisting of 12 weeks. **Clinical faculty** have a similar commitment based on the 16-week core block, where they work with five students in the clerkship focusing on clinical reasoning, physical examination, and communication skills and are responsible for student assessment. While the amount of support is still being negotiated, faculty in these substantial teaching roles will receive a stipend which will be set aside for them in a pre-tax account to be spent however they wish on the following: lab equipment, professional spending, meetings, memberships, books, and computers.

Dr. Altose added that we anticipate a faculty response where people are willing to commit some time to teaching. He also emphasized the need to mount a major recruiting effort, which will seek teaching attendings, for such a faculty-intensive curriculum.

Dr. (Terry) Wolpaw is hopeful that faculty will find the prospect of becoming a teacher, much like a professor who teaches a seminar, an exciting educational opportunity.

Dr. Wilson-Delfosse felt that basic science faculty want to participate but are waiting for their department chair's support. They need to be relieved from some of their other responsibilities in order to make this commitment.

As a **department chair, Dr. Brunengraber** emphasized that this scenario varies with the individual department. While he supports the mission, he recognizes the demands of a large 12-week teaching load. Like many discussants, Dr. Brunengraber did not feel that the amount of money offered is a problem. Faculty, however, already have other teaching commitments. He can find 3 teaching faculty—not 15 as requested—for his block in the new curriculum and does not know where to find the others. Not only do these faculty need to negotiate relief (release) of time from their department chair, but the new teaching responsibilities contribute to a decrease in scientific production. This is a difficult problem for the departments of Biochemistry, Nutrition, and GI. Dr. Brunengraber expressed concern as to where we will find so many faculty for all these blocks. He anticipates it will be even harder where faculty plan to teach in two blocks.

Dr. Altose interjected that his own vision of the pool of potential preceptors is broader than that of Dr. Brunengraber. He advocated finding faculty through a variety of other influences, not just through the Dean. Dr. Altose recommended targeting well-educated, academically oriented faculty interested in teaching and learning.

When asked the total number of faculty needed, Dr. Wolpaw estimated 16 per block for 6 blocks over a two-year period.

Mrs. Saha pointed out the similar faculty-intensive nature of the **undergraduate SAGES program**, where faculty from other colleges and retired faculty are being hired to bridge the shortage at Case. Since the student's experience was billed as a "seminar experience with Case faculty," our own faculty are concerned about this turn of events. It is difficult to sustain such faculty-intensive teaching.

**Dr. Binder** explained the **clinician's perspective** for participating in this type of teaching. As mentioned before, the amount of the stipend is not a problem. Currently, the amount of money he would receive for release time to participate in a design team goes to the chair. Dr. Binder, who is very active in teaching and medical education endeavors, realistically noted that he ends up "volunteering" for more work and does not get released from his other responsibilities.

Dr. Wolpaw replied with the acknowledgement that we are indeed asking people to stretch. She did feel, however, that the individual would receive the stipend offered. She also pointed out that **significant teaching roles should be important when educational contributions are listed for the promotions process**. The small group facilitator should be regarded as a high priority role.

Dr. Previs urged bringing up the major recruiting effort at the March 3 education retreat.

Mrs. Saha suggested engaging emeritus faculty.

Dr. Brunengraber expressed concern that by asking faculty to stretch in so many ways, we might be jeopardizing the next cycle of grants.

#### 7. **Research and Scholarship Update**

**Dr. Claire Doerschuk**, Associate Dean for Medical Student Research, highlighted progress to date on the **five components of the medical student research and scholarship program**. The medical student thesis requirement was already implemented for the Class of 2009.

The **Foundations of Research and Scholarship** is a one-hour seminar given weekly "over lunch" starting in August of Year I and lasting through February of Year II. Students are exposed to principal investigators leading research programs as well as the forefront research questions in the areas they are studying. Students also gain a sense of possible choices of basic science, clinical science, and health services faculty available to act as mentors. Student turnout has averaged between 80 and 100 students per weekly session, which, as Dr. Doerschuk notes, is impressive "for a lecture." She tries to parallel presentation topic choice with the current subject committee whenever possible.

The **elective 8-week mentored summer research opportunity** follows Year I. Last summer, 87 Crile fellowships were awarded, and a total of 95 University Program students did research. To date, 103 abstracts have been submitted, and this number is expected to grow slightly since the students in the College Program and the MSTP students have a deadline later this month. Dr. Doerschuk praised the excellent quality of the students' work and the responsiveness of the faculty.

The first year students are currently selecting advisors and projects for the summer research opportunity. **Any first year student wishing to participate in the Crile Summer Research Fellowship program must identify a project and an advisor and then submit an application by March 24, 2006, containing a proposal written with**

**the help of the advisor.** The proposal must contain: 1) background, or rationale, for the question, 2) a clear question (hypothesis) moving the research forward, and 3) a strategy indicating methodologies to answer the question. Crile fellowships will be available to any student who meets these criteria, and they provide \$2,500 for 8 weeks. Fellowship recipients present their work at the annual Lepow Student Research Day the following spring. Students are strongly encouraged to submit applications for summer fellowships from granting agencies, including subspecialty societies and foundations, or to take advantage of the NIH intramural program for medical students. This summer, if a student receives a fellowship from an outside source that is less than \$2,500, he/she will be supplemented to \$2,500, but no further supplementation will occur.

At Lepow Student Research Day, on May 3, geneticist and endocrinologist David Altshuler, M.D., Ph.D., of the Broad Institute of MIT and the Center for Human Genetic Research at Massachusetts General Hospital and Division of Medical Sciences at Harvard Medical School, will be the featured speaker.

Students have a choice of three different time slots to do the **required four-month mentored research block culminating in a thesis**—March through June of Year II, July through October of Year III, or November through February of Year III. Starting with the Class of 2009—our current first year students—the mentored research thesis has become a requirement for graduation from the Case School of Medicine. The student's proposal is due one month prior to beginning the research block so that it can be examined for feasibility by the Medical Student Research Review Committee. Dr. Doerschuk clarified that both the Crile fellowship recipients **and** the thesis students first identify their mentor and then write the question (hypothesis) with the mentor. The project must be research, not a review or case studies. She mentioned that the range of areas of research is very wide, including basic science, health policy, bioethics, and virtually any area in which faculty have expertise. The research block is reserved for full-time research and free of any clinical responsibilities unless they are integral to the research project itself. The M.D. thesis, written in scholarly journal format, must be submitted by January 15 of Year IV.

Dr. Doerschuk recognized **Dr. Tom Nosek** and **Ms. Yuhong Wang** for the remarkable system they created 1) for Year I students to submit their Crile Summer Research Fellowship applications and research proposals, and 2) for students to submit their Lepow Day abstracts via their ePortfolio.

Dr. Doerschuk announced plans for **elective research opportunities in Year IV**. This may be used to complete the thesis work.

Dr. Doerschuk concluded her presentation by mentioning that the School of Medicine is encouraging students to complete **a fifth year in research**. The number of students interested in this opportunity has increased and the number applying for fellowships increased three-fold from last year. Four-fifths of those students who applied to a program at the NIH were invited to interview there next month. Dr. Doerschuk thanked

the **society deans**, with whom she is writing the Dean's Letters, for their efforts and their support of the research and scholarship cornerstone.

Dr. Doerschuk then answered discussants' questions. When asked about our variety of neophyte and quasi-sophisticated research students, she clarified that all students need a significant amount of help, even in choosing a mentor. Students may start trying to locate a possible mentor by looking through the website of the Office of Medical Student Research. The page <http://cerebrum.case.edu/msr/SummerResearch.aspx> contains links to charts of faculty interests in four research areas, and more areas are being developed. The page <http://cerebrum.case.edu/msr/search.aspx> includes a searchable database of faculty interests by last name, key words, or departments. Students are encouraged to use these sites to identify faculty with common interests and to contact them. Dr. Doerschuk sends automatic progress notes to the students on Crile fellowships mid-summer. The intent is to solve problems early so that students are able to complete their research on time. When asked about meeting IRB (Institutional Review Board) criteria, Dr. Doerschuk explained that all students doing research involving humans must have obtained IRB approval before starting their project. When asked about how the Medical Student Research Review Committee functions, Dr. Doerschuk mentioned that she is currently putting together a Review Committee to evaluate Lepow Day abstracts, and this committee will hopefully evolve into the Medical Student Research Review Committee. Several committees may be formed to address particular areas of focus. When reviewing proposals for either the summer research project or the thesis project, reviewers will be looking primarily for feasibility. Reviewers will probably be grouped by areas, depending on the topics that the students choose. In response to one last question about this past summer's breakdown of research projects, Dr. Doerschuk replied: 52% were clinical research, and 48% were basic research. She added that clinically-oriented individuals have more difficulty finding mentors and projects.

Dr. Altose thanked Dr. Doerschuk for her informative, comprehensive update.

## 8. **Information Technology and Library Update**

**Mrs. Virginia Saha**, Director of the Cleveland Health Sciences Library, mentioned that Dr. Nosek is testing the database of learning objectives on Block 1 tomorrow. Dr. Terry Wolpaw added that the course managers are in charge of the block templates. Mrs. Saha mentioned that to date there has been no final decision on **key word** strategy and future meetings are planned. A pull-down menu limits the number of entries—10 is optimal, 50 is the maximum—and incurs reservations about using an alphabetical listing effectively. MeSH (Medical Subject Headings), “a controlled vocabulary thesaurus” consisting of “sets of terms naming descriptors in a hierarchical structure that permits searching at various levels of specificity,” encompasses approximately 20,000 terms. Use of a robust search engine would be crucial here. Mrs. Saha felt that we need both key words and full text entries. The University of California at San Francisco has developed Ilios, the electronic hub for curriculum planning and oversight at UCSF's School of Medicine that has three levels of index terms: discipline, vocabulary terms students are expected to learn, and MeSH terms assigned to each learning objective. MeSH terms are assigned by student helpers and administrators.

Mrs. Saha noted that **all residents at UH, Metro, and St. Vincent now have Case staff status, and, consequently, have access to all Case and OhioLINK electronic journals and other electronic resources.** Mrs. Saha reported that in response to a call from a University Hospitals resident encountering firewall problems when trying to access electronic journals, the Library will conduct a **training session for about 15 residents from the UH Department of Dermatology at the Media Center at the School of Nursing in early March.** The training session will be one-half conceptual and one-half hands-on. This has been one of Mrs. Saha's favorite projects and she would love to be able to take this "on the road."