

May 25, 2006 CME Minutes

1. Curriculum Renewal

Dr. Amy Wilson-Delfosse, Basic Science Curriculum Council Chair, first highlighted developments in the *current curriculum*. Dr. Wilson-Delfosse has been working with a **focus group of students from the Class of 2009** to examine **feedback mechanisms**. Currently, students have the opportunity to meet with the current committee chair once a week. With the elimination of food at feedback sessions due to budget constraints, student attendance sharply declined, averaging a handful of students in Year I and one or two students in Year II. Students in the focus group expressed their desire to meet with the committee chair *before* the committee starts. This **“feed-forward”** session has already been successfully piloted in two committees: Fundamentals of Therapeutic Agents, Dr. Wilson-Delfosse’s committee, and Mechanisms of Infection II, chaired by Dr. Robert Bonomo. Dr. Bonomo spent about a half-hour presenting a general course outline and course expectations. This introductory session is valuable in improving communications with the students by 1) affording them the opportunity to express concerns and anxieties, as well as 2) providing a venue to make faculty aware of important areas that they might have overlooked. Additionally, since there is not much consistency from committee to committee, this session clarifies for the students “what ballpark they’re playing in.” The student focus group will continue to meet with Dr. Wilson-Delfosse throughout the summer and hopes to engage additional members from the Student CME (SCME). Dr. Wilson-Delfosse feels we need to determine the goals of student/faculty face-to-face meetings in developing a feedback system for the new curriculum.

Dr. Altose noted that the SCME currently publishes a **comprehensive** document on all the committees highlighting strengths, areas requiring improvement, and suggestions. Dr. Wilson-Delfosse added that the **SCME evaluations** are very *balanced* as opposed to the **face-to-face feedback sessions** that are not truly representative of whole-class opinion. She finds the **online quantification of feedback where every student is required to complete an end-of-committee evaluation** helpful to course directors like herself.

Under *new curriculum update*, Dr. Wilson-Delfosse explained that the **Curriculum Monitoring Council (CMC)** meets one and one-half hours twice a month to hear presentations on accomplishments/plans for two different blocks or other elements of the new curriculum. Dr. Altose listed the following presentations to the CMC that have taken place to date:

See chart of presentations on following page.

Date of Presentation	Presenter	Block/Element
March 8	Barbara Freeman, Ph.D.	Block 7: Structure
	Jeff Becker, M.D.	Basic Core I – Metro
	Kathy Clegg, M.D.	Basic Core II – UH/VA
March 22	Stephen Jones, Ph.D.	Neuromuscular
	George Dubyak, Ph.D.	Cell Physiology
April 12	Stephen Post, Ph.D. & Nick King, Ph.D.	Bioethics as a longitudinal theme
	Klara Papp, Ph.D. & John Mieyal, Ph.D. (continued April 26)	Assessment
April 26	Stephen Previs, Ph.D. & Martin Snider, Ph.D.	Block 3: Food to Fuel
May 10	Jim Finley, M.D.	Block 4: Homeostasis
	David Aron, M.D.	Block 1: Becoming a Doctor
May 24	Georgia Wiesner, M.D.	Block 2: The Human Blueprint
	Kathy Clegg, M.D.	Block 6: Cognition, Sensation & Movement

Dr. Freeman’s approach to teaching **anatomy** as a longitudinal block requires much integration. She develops each block sequentially. All materials for the **basic clinical core blocks** have been presented at the education retreat and also at the OCA town hall meeting with students entering the third year. The lottery was held and all assignments have been made culminating in an even distribution. The registrar, Mr. Joe Corrao, was commended for a “marvelous job.” By prioritizing the individual’s site preference over the preferred order of cores, Mr. Corrao was successful in satisfying the students. Drs. Post and King have been busy reviewing the **bioethical elements in the various blocks’ cases**. Dr. Wilson-Delfosse elaborated upon the approach to **assessment** in the new curriculum (see below) as presented by Drs. Papp and Mieyal. Engaged as a consultant, **Dr. Alan Neville**, Assistant Dean of Undergraduate Medical Education at McMaster University, has been assisting block teams with **small group case development**. Dr. Previs of Block 3: **Food to Fuel** recently had a productive visit with Dr. Neville and anticipates that his block, which began working on cases in November, is on target to produce a solid draft of all **cases** by July 1. Dr. Altose added that Dr. Neville will also conduct all **tutor (facilitator) training** for faculty. Dr. Wiesner of Block 2: **The Human Blueprint** has also been working on case development with Dr. Neville and is currently engaged in locating **free online resources** for students.

Asked for an overview of **student assessment in the Foundations of Medicine and Health** (begins with the Class of 2010), Dr. Wilson-Delfosse recapped various assessment formats mentioned at the last CME meeting.

As students enter each block, they will receive approximately 20 **synthesis essay questions**, with two assigned per week. Students will discuss and work on **both** questions, even though they are required to choose **only one of the two** to write

up and **turn in**. Their small group facilitator will look at individual responses, comparing them to an “ideal” template, to spot students who are off track and to get them headed in the right direction, but these responses will not be graded. At the end of the block, however, the student will be given 3 to 5 **Summative Synthesis Essays Questions (SummSEQs)**, derivatives of the original essay questions calling for integration and with key attributes added. The SummSEQs are **graded** by the content experts who wrote the questions.

At the start of each block, the student will have access to approximately 200 **multiple-choice questions from the Case School of Medicine secure database** to use formatively. Students decide for themselves how many questions to do at one time and how often they want to go back into the database.

Half-way through the block and again at the end of the block, small group facilitators will look at the individual student’s non-cognitive **small group performance** in areas such as preparedness, participation, and professional behavior. The **end-of-block facilitator’s assessment** is *summative*.

At the end of each block, there will be a **Cumulative Achievement Test** of recently **retired multiple-choice NBME questions**. Case faculty will meet with NBME representatives here on campus to determine the selection of questions. Each block needs approximately 200 questions. With each successive block, the test gets longer since about 20 questions are added. While all students are required to take the cumulative achievement test at the same time in a secure and proctored classroom in accordance with NBME regulations, the exam is formative. Students will receive their scores. Students’ advisers will also receive the scores for advisory purposes, not assessment. Block faculty, however, may see results only in aggregate and de-identified form.

Dr. Wilson-Delfosse completed her overview by acknowledging that the **remediation** plan has not yet been designed for students failing the SummSEQs and thereby failing the block. Additionally Dr. Wilson-Delfosse mentioned that each student will prepare a **summary portfolio** of evidence for the **summative core competency reviews** that take place **after Block 3, Block 6, and mid-fourth year**. This is a detailed review comparing the student’s achievement in 9 competencies with established benchmarks (expectations).

Discussion followed. Faculty focused on the labor-intensive process required when **grading essays** (in reference to the Summative Synthesis Essay Questions) and inquired about 1) offering faculty development to teach how to grade essays, and 2) approximation of time commitment necessary to be a grader. Current plans call for the **same** person—the content expert who wrote the question—to grade **all** the students’ answers to the same summative synthesis essay question. The intent is to have a **structured “ideal template”** with very **specific** answers—broken into A, B, C, D, etc.—almost like multiple short answer essays. The student’s response to each SummSEQ will be limited to one page in length. Dr. Altose felt that faculty members whose schedules do not allow facilitating the three-morning-a-week Case Inquiry Groups, might like to become involved in the curriculum by grading SummSEQs in their area of expertise. He approximated spending 8 to 10 hours to grade 150 questions, which could be done over a weekend. Faculty cautioned about underestimating the task of essay grading. One member pointed out the

need to read through a good portion of the essay in order to acquire perspective before attempting to assign a grade. Additionally, Dr. Wilson-Delfosse wished to correct the misconception that the only teaching role for faculty is to facilitate 8:00 to 10:00 a.m. Monday, Wednesday, Friday small groups. There are also an additional **5 contact hours per week in the form of expert-led interactive sessions. Experts will also be needed to serve as consultant resources for the students during the block and to help with assessment.** Dr. Altose added that **Dr. Peggy Stager** is conducting a **training initiative on student assessment by observation** that will visit faculty at the **UH/VA, Metro, and Cleveland Clinic affiliates in early June.** Dr. Wilson-Delfosse further explained that student assessment is not complete until the student has finished the entire core. The OSCE will be only a small percentage of the final grade.

Mr. Brandon Maughan, CME student representative from the Class of 2009, was recently chosen as one of the five co-chairs to the **Student Committee on Admissions for 2006-2007.** He and the other co-chairs are interested in accessing up-to-date information on the new curriculum. Dr. Altose invited him to bring his colleagues to the two remaining CME meetings for this academic year. Discussants recommended consulting the **New Curriculum Web site** developed by the Office of Curricular Affairs at <http://casemed.case.edu/curricularaffairs/newcurriculum/index.htm> and looking into how student interviewers are trained. The student interviewer initiative is one example of a highly successful student-initiated and student-organized endeavor.

2. CCLCM Curriculum Steering Council

Dr. Andrew Fishleder, Cleveland Clinic Lerner College of Medicine Curriculum Steering Council Chair, updated the CME by summarizing **four course reports.** Course directors report to the CSC, indicating 1) **student-perceived strengths and areas needing improvement** as rated in student course evaluations, and 2) **specific suggestions** resulting from student feedback and faculty observation to improve the course for the coming year.

This was the first time through for the **Year 2 Neural and Musculoskeletal Sciences Course**, led by Kamal Chemali, M.D., and Abby Abelson, M.D. Close to 80% of the students rated the overall course as “good” to “excellent.” The course was given high marks in 1) approachability of faculty—with PBL tutors, anatomy lab instructors, and seminar facilitators recognized for the quality of their teaching, 2) course organization, 3) course integration, and 4) the value of clinical correlation sessions. Student criticism focused on improving 1) the selection of required readings, and 2) the usefulness of the syllabus in directing learning. In response to student course evaluations/student focus group discussion and in order to better prepare students for this Year 2 course, course directors recommended changes including 1) review and modification of reading assignments to focus on core concepts, 2) increased Year 1 exposure to both neuropharmacology, and neurophysiology, and 3) shifting the alternative medicine offering to the Process of Discovery seminar series. The Curriculum Steering Council felt that the Neural and Musculoskeletal Sciences Year 2 Course went very well and approved the recommended changes.

The **Year 2 Endocrinology and Reproductive Biology Course**, led by Marjan Attaran, M.D., and Mario Skugor, M.D., took place in fall 2005. Student satisfaction was reflected by a course rating of “good” to “excellent” by 84% of the students, commending faculty interactions with students in particular. The addition of more small-group case-based discussions than the previous year was appreciated. Students also found valuable the afternoon clinical correlation sessions, where they see patients relevant to the pathophysiology currently studied. Course directors recommended changes addressing concerns raised in evaluations and feedback, which include 1) seminar revisions such as moving alternative medicine from Year 2 to Year 3, increased focus on pathobiology, and inclusion of radiation-induced thyroid cancer, 2) increased content in pharmacology and microbiology, 3) addition of an introduction and overview at the beginning of the course, and 4) addition of new “concept appraisals” (CAPPs) to create a bank to enhance student learning for future use. The Curriculum Steering Council felt that the Endocrinology and Reproductive Biology Year 2 Course went very well and approved the recommended changes.

The **Year 1 Cardiology, Pulmonary, Hematology I Course** held during fall 2005 completed its second run. Course leadership consisted of: William Stewart, M.D., Alex Arroliga, M.D., and Alan Lichtin, M.D. Again this year as last, the course was awarded a “good” to “excellent” rating by 100% of the students. Presentation of curricular content was well received, and faculty teaching effectiveness was highly rated throughout all aspects of the course. Recommended changes responding to evaluations and feedback included: 1) modification of seminar structure to have fewer students per group, 2) refocusing of histology seminars on histology rather than physiology, 3) re-sequencing of pulmonary curriculum, and 4) revision of concept appraisals for next year to develop a bank of questions. The Curriculum Steering Council felt that the Cardiology, Pulmonary, Hematology I Course went very well and approved the recommended changes.

The **Year 1 Renal Course**, led by Phillip Hall, M.D., took place in fall 2005. Up from last year’s 77% approval rating of “good” to “excellent,” this year’s course was awarded that status by 100% of the students. Various aspects of both course content and course presentation received high marks from the students. Recommended changes responding to issues raised in evaluations and feedback included: 1) moving the new “Epithelial Cell Polarity” seminar to further enhance course integration, 2) modification of pharmacology seminar, 3) looking into teaching format of histology seminar to allow for smaller groups and inclusion of more examples of normal histology. Dr. Hall plans to pull things together for next year and would like to add a clinically based seminar event. The Curriculum Steering Council felt that the Renal Year 1 Course went very well, recognized this year’s changes as enhancing the course, and approved the suggested modifications for next year.

Dr. Altose thanked Dr. Fishleder for sharing the CCLCM’s approach to curriculum improvement implementing the CQI (continuous quality improvement) process. Dr. Fishleder described it as a valuable, iterative process. Course directors first report to the basic science course directors at the Basic Science Education Committee, where a cross-

fertilization of ideas takes place. Dr. Fishleder presents an executive summary of what is then presented to the Curriculum Steering Council to the CME.

3. **Flexible Program Council Update**

Dr. Kent Smith, Flexible Program Coordinator, noted that student participation in the voluntary **Type A elective program** decreased as the year progressed and recommended giving some thought to creative solutions to restore the initial high level of interest.

4. **New Business**

CME member, **Dr. David Preston**, initiated 1) a discussion focusing on the recent elimination of the **Office of Academic Computing** in the midst of trying to implement the new curriculum, and 2) a request that the CME take action to correct this situation. As a clerkship director, Dr. Preston has dealt with Dr. Tom Nosek, Associate Dean of Academic Computing, and his staff three times a week over the years, and expressed respect for their accomplishments and professionalism. Based at University Hospitals, Dr. Preston referred to the electronic curriculum and IT support for teaching faculty at Case as “one of the jewels of this place,” and praised Dr. Nosek as “creative, accommodating, and easy to work with.” Discussants expressed serious concerns for maintaining electronic support services critical to implementation of the new curriculum, the urgency of timing, the lack of an announcement articulating an alternative when the decision was made, and the need for electronic support via a medical school department rather than handled at the university level.

Dr. Altose agreed that consideration for the infrastructure needs of the electronic curriculum comes under the realm of the CME, which has oversight for the educational enterprise. Dr. Altose distinguished two objectives: 1) documentation of the CME’s concerns for the official record, and 2) person-to-person contact to bring about action. Voicing CME members’ concerns for the effect of the recent action on the new curriculum, Dr. Altose will talk to the Vice Dean and the Dean. He also wants to hear the administration’s plan for electronic support.

The following **motion passed unanimously**:

The Committee on Medical Education expresses grave concerns about the elimination of the Office of Academic Computing and the capacity of the School of Medicine to implement the new curriculum without sufficient electronic infrastructure support. The CME urgently requests articulation of an explicit plan to address academic computing or reversal of the decision in absence of such a plan. The motion was seconded by Dr. Montgomery and passed unanimously.