The minutes of December 14, 2006 were approved as distributed.

Report from the Student CME

**Mr. Christopher King,** Year I student representative, mentioned that he and his classmates began CPCP (the Community Preceptorship) this week. Mr. King mentioned that **Anatomy and Histopathology have been well integrated** into Block 3, with all cases including some component of each discipline. When asked by Dr. Altose whether Block 3 is better organized with respect to lecture, Mr. King replied that Block 3 lectures are less well-attended. He attributed the decrease in classroom attendance to the presence of more lecture and less interactive sessions. In comparison, Block 2 tried for a more interactive **format.** However, in regard to the actual **organization** of lectures, Mr. King felt that Block 3 lectures were better organized than those occurring during Block 2.

**Mr. Brandon Maughan,** Year II student representative, mentioned that the Class of 2009 has just finished its last block of **Foundations of Clinical Medicine Seminars.** He inquired where this Tuesday morning seminar series is headed. Mr. Maughan found this second year much different from the first. While first year cases were interesting, it was during second year that students were more fully prepared to work through clinical cases utilizing clinical reasoning and disciplines as varied as bioethics and public health. Mr. Maughan described these second year cases as offering “one of the most valuable educational experiences” thus far in his medical career.

**Dr. Dan Wolpaw,** Clinical Curriculum Council Chair, explained that efforts were made to retain some elements of the former Core Physician Development Program (CPDP) in the current Tuesday morning program. In planning for next year, everything is “on the table”—IQ Groups in the new Western Reserve2 curriculum may make some additional case-based problem solving unnecessary. Maintaining the benefits of clinical reasoning cases without unnecessary repetition will be the goals—plans are to work closely with students.
Clinical Curriculum Council Update

Dr. Dan Wolpaw, Clinical Curriculum Council Chair, reported that current first year students are beginning their community-based practice experiences, as mentioned by Mr. Christopher King. Dr. Wolpaw pointed out some changes this year. Whereas all current second year students were provided a year-long (spring and fall) experience, this was difficult to schedule and resulted at times in an uneven experience, sometimes less fulfilling in the second half. The year-long experience could not be duplicated with current first year students, as many preceptors were already committed to participating in other parts of the curriculum. The decision was made to offer first year students an immersive weekly experience during the spring of this year and the fall. Physical Diagnosis is continuing to evolve and link itself with the new Foundations of Medicine and Health curriculum. For example, focused teaching for the Neurology exam will be linked to Block 6 in order to maximize learning. The Tuesday morning Foundations of Clinical Medicine Seminar Series is currently undergoing extensive review based on feedback from the students; opportunities in the cased-based WR2 curriculum including continuation of the Block 1 curriculum; LCME curricular requirements; and expectations for the NBME Step 1 exam.

In reply to Dr. Altose’s question about integration with the Foundations of Medicine and Health, Dr. Wolpaw replied that the linkage of Block 1 to a Tuesday morning curriculum is a high-priority item. There is a concerted effort to get Block 1 faculty, Tuesday morning seminar leadership, and students all involved in curricular planning earlier this year. The hoped-for result is a continuation of the Block 1 agenda into the Tuesday morning program. Dr. Scott Frank encouraged the inclusion of Block 1 topics such as bioethics and public health in the Tuesday morning sessions.

Dr. Altose inquired of Mr. Maughan if Physical Diagnosis issues mentioned by concerned students earlier in the year had been resolved. Mr. Maughan replied that he found the recent PD3 very valuable. Most of his second year classmates are taking their OSCE this week or have already taken it last week at the Mount Sinai Skills and Simulation Center. Mr. Maughan acknowledged that it was hard to answer Dr. Altose’s question. Personally, he would like “more practice.” However, he felt that students in general are not too concerned about shortcomings in the Physical Diagnosis program.

Second year students are currently setting up their schedules to either pursue a research block or begin their clerkships in March. The first Bridge Week offering begins Monday, March 19. Current third year students are meeting this afternoon to learn about Acting Internships (AIs) and the Area of Concentration requirement. Documents have been developed in a collaboration between sites and residency directors to define the nature and scope of Acting Internships. After completing their Basic Cores, students are able to pursue Areas of Concentration (AoCs). The Area of Concentration, designed by the individual student and approved by a faculty member, consists of 12 weeks of interrelated experiences bridging basic science and clinical experiences. The AoC is by design flexible and open and intended to result in an acquired expertise in a limited area of the student’s choice.

Dr. Altose inquired about feedback from the current third year students on the clerkship experiences. Dr. Dan Wolpaw replied that formalized feedback is distributed to all the hospitals via the Office of Curricular Affairs. Dr. Wolpaw described the feedback as helpful and often quite good.
Dr. Terry Wolpaw mentioned that we have begun comparing this year’s data for the clerkships to last year’s. She felt that the data are fairly equivalent and feedback is equally as positive as in the past.

Dr. Altose inquired about **assessment challenges of the online model** mentioned earlier in the year. Dr. Wolpaw provided an update on developments:

- Many students and faculty have successfully acclimated to the new model over time.
- Additional student and faculty development programs are still required for some.
- Some programming changes are currently planned. However, Dr. Wolpaw stressed the importance of preserving the goal of timely formative feedback for the students while making the system more user-friendly.

Dr. Wolpaw mentioned that the **Advanced Cores**, four non-contiguous four-week rotations in four domains selected for their relevance, were presented to students on January 12. The Registrar, Mr. Joseph Corrao, needs some additional information before students can begin scheduling. Dr. Wolpaw invited interested discussants to participate in breakout sessions on the clinical curriculum and Tuesday morning curriculum at the February 8 education retreat. Dr. Wolpaw concluded by referring to the “cutting edge” nature of the new clinical curriculum, particularly the **Advanced Cores**, where experiences are built around learning objectives rather than a service.

**Foundations of Medicine and Health Update**

**Dr. Terry Wolpaw**, Associate Dean for Curricular Affairs, provided a Foundations of Medicine and Health Update in Dr. Amy Wilson-Delfosse’s absence. Members of **Block 1: Becoming a Doctor** are paying close attention to student feedback as they plan for a second round in next year’s curriculum. The recent meeting was well-attended by both faculty and students. Anatomy and histopathology will have dedicated time in Block 1. Clinical activities will be added one afternoon per week. Adopting a template similar to that of the other blocks, Block 1 will exhibit a much more integrated week with a more cohesive flow. Dr. Wolpaw described Block 1 as a great example of continuous quality improvement, with its continuing process of soliciting feedback and making adjustments.

**Block 2: The Human Blueprint** is examining feedback, and **Block 3: Food to Fuel** is approaching its ninth week. **Block 4: Homeostasis** is getting ready for its end-of-February debut by piloting cases. **Block 5: Host Defense and Host Response** is circulating versions of its cases, didactics, and case sessions. The general flow of the block has been determined. **Block 6: Cognition, Sensation, and Movement** is progressing with an influx of some new members. Dr. Wolpaw attested to the truly integrated nature of the curriculum by citing yesterday’s meeting of Drs. Barbara Freeman (Anatomy), Robert Bahler (Medicine), and Stephen Jones (Physiology). The autonomic nervous system is introduced in three places in the curriculum and all principal faculty met to work together. **Block 7: Structure (Anatomy, Histopathology, and Radiology)** is addressing student feedback via the continuous quality improvement process.

Dr. Wolpaw recalled our concerns one year ago about finding enough IQ Group preceptors. She is happy to report that today the program is robust, drawing strength from incredible faculty and phenomenal students. **We would like to bring in even more...**
faculty, so please contact Dr. Wolpaw (Terry.Wolpaw@case.edu) with your suggestions on how best to accomplish this.

Dr. Altose inquired when an overall assessment of the students will take place. Dr. Wolpaw replied that after completion of Block 4, a “portfolio rollout over time” will occur. Each student will provide portfolio evidence of his/her progress in the three competencies selected as those that the students have worked on the most during the first one and one-half years of the Foundations of Medicine and Health curriculum. Students will create a reflection piece on how they achieved these three competencies. There are nine competencies total. The portfolio project is being led by Dr. Klara Papp, the Director of Student Assessment.

When asked about being proactive with struggling students who are having trouble, Dr. Wolpaw replied that the society deans have guided these students into remediation; some students have taken a leave of absence. The IQ Group facilitators are adept at spotting professionalism issues. The SSEQs help determine mastery of medical knowledge.

When discussants asked Dr. Wolpaw specifics on assessment—how to prevent poor student performance in future blocks, how student performance on the NBME cumulative achievement test questions compares to SSEQ performance, etc.—she suggested inviting Dr. Klara Papp, Director of Student Assessment, to a CME meeting. Plans are underway.

Dr. Wolpaw explained that end-of-block evaluations and faculty evaluations are already in place. There exists an (Institutional Review Board) IRB-plan using previous classes as the control group, but we will not receive the data for a while.

Student feedback has been very helpful in identifying areas for improvement in the Foundations of Medicine and Health. Targeted areas for improvement include: 1) the organization and time commitment to structure, 2) content integration across the week as well as the block, 3) more consistency in the quality of medium- and large-group sessions, with plans for further faculty development, and 4) more interactive lectures.

Block 1 member, Dr. Scott Frank, noticed how much easier and less anxiety-provoking this year has been, since it will be the second time around for Block 1.

Interested discussants asked questions relating to student performance on the required, formative end-of-block NBME Cumulative Achievement Tests as compared with our own “in-house” exams. Dr. Wolpaw emphasized the need for Dr. Papp to answer these questions. Dr. Wolpaw did explain that the NBME currently notifies each student where he/she placed relative to Case classmates. Cumulative Achievement Test questions do not constitute a representative sample of a standard NBME exam so the NBME is cautious about making predictions for the students about test scores on future NBME exams. The questions on the cumulative achievement tests were selected by block leaders based on learning objectives prior to completion of case writing; sometimes there was a variety of questions to choose from, other times a very limited offering in the desired subject area.

Discussants expressed interest in:

- The correlation between NBME question performance and Case assessment tools in light of making us better teachers
- Learning whether the student is paying attention to Case faculty or learning from review books
• Learning if we are in “the right zone” (per Dr. Robert Bonomo) with respect to content
• Putting together the best curriculum we can while acknowledging our obligation to prepare students to pass the Boards without directing our teaching to only that aspect
• Encouraging our students to go to primary sources and learn to think in a synthetic fashion

While the NBME Cumulative Achievement Test scores do not count toward meeting block expectations, we need to be apprized of each student’s performance in order to identify and address curriculum issues.

Dr. Dan Wolpaw mentioned students’ “heightened” interest once they learned that ethics questions appearing in Block 1 and in the Tuesday morning seminar sessions would appear on the Boards. Dr. Terry Wolpaw added that our own formative multiple-choice questions taken from the Case School of Medicine test question bank have already been shown to correlate well with the Boards questions.

**Academic Computing Update**

**Dr. Wendy Shapiro**, Director of Instructional Technology and Academic Computing, emphasized IT’s most significant recent accomplishment: the update to **Active Directory**, so that there is a single login—the Case User ID and Case password. Faculty forgetting their password can go to a Web site to reset it. Dr. Papp is working with Mr. David Pilasky and Dr. Irene Medvedev to set up a server test prior to end-of-Block-3-assessment to correct glitches that occurred during Block 2 assessment. In response to student feedback, **Block 4 cases** will no longer be embedded documents but appear in **HTML format** instead.

Year I student, Mr. Chris King expressed two concerns: 1) With respect to the upcoming server test, please make sure that the **virtual microscope** does not crash again, and 2) The new Windows **Vista** operating system is being released, and the class was promised this software. Dr. Shapiro assured that the virtual microscope will be one of the areas checked during the server test. She then explained that the university is not installing Vista until the end of the summer, so that much testing can take place before its release. Dr. Dan Wolpaw added that there will be new versions of Microsoft Office and Adobe as well as Vista.

Dr. Altose thanked Dr. Shapiro and Dr. Irene Medvedev for the fine organization and improvements they have delivered. Dr. Terry Wolpaw applauded the way curriculum design faculty and IT staff have learned from each other. Mrs. Virginia Saha recognized the students for their patience and tolerance.

**Library Update**

**Mrs. Virginia, Saha**, Director of the Cleveland Health Sciences Library, is currently working with faculty on the **Block 5 textbook list**. Resources will include both print and electronic formats when both are available. Block 5 makes its debut in August. Mrs. Saha has already worked with Block 4 faculty. She mentioned that providing references for cases has not usually been a problem. Guest lecturers often assign their own sources rather than readings from the block’s textbook list, however, and this has proved challenging when it comes to meeting deadlines.
Mrs. Saha hopes to expand what we already have. She hopes to upgrade MDConsult to a site license with IP access. This arrangement will include remote access and hopefully eliminate a number of user problems. Her five-year budget projection has asked for funding for remote access to UpToDate. Mrs. Saha is increasing electronic access and decreasing print in accordance with users’ expressed preferences. She is optimistic that we may even be able to add some new resources.

In response to a question from Dr. Stephen Previs, Mrs. Saha explained that Case medical students do not retain their electronic access once they graduate. Mrs. Saha suggested that alumni wishing to keep their access should contact the Kelvin Smith Library, which has some databases for alumni. These, however, do not include electronic journals or textbooks. Mrs. Saha explained that individual subscription rates to resources such as UpToDate include remote access and are much more reasonable than the exorbitant institutional rates, which are calculated by multiplying cost by the number of people involved.

Education Retreat Update

Dr. Terry Wolpaw, Associate Dean for Curricular Affairs, gave a preview of the annual education retreat, “Medical Education for the 21st Century,” taking place Thursday, February 8, in room E401, School of Medicine. After brief introductory remarks at 8:00 a.m., a panel of students and teachers led by Dr. Murray Altose will provide a Curriculum Update. Dr. Steve Ricanati, IQ Groups Program Director, will narrate during a demonstration of a Case Inquiry Group (IQ Group), which will break for participants to do reading/research. This will be followed by a choice of six Breakout Sessions sharing Best Practices and Lessons Learned. The Case Inquiry Group will return for its second appearance. Malcom Cox, M.D., Chief Academic Affiliations Officer of the Veterans Health Administration—also known for his curricular innovations as the Associate Dean for Clinical Education at the University of Pennsylvania School of Medicine and as the Dean for Medical Education at Harvard Medical School—will provide the keynote address on “The Future of Medical Education.” An Innovations in Medical Education Poster Session will take place during lunch. The afternoon will consist of Curriculum Working Groups—clinical topics open to both the University and College Programs, and a Mapping of the Foundations of Medicine and Health Longitudinal Themes—biochemistry, bioethics, cell physiology, neuromuscular, and pharmacology—for the University Program. Attention will be paid to Blocks 1 through 6 to answer: 1) What obligatory topics have not been covered? 2) What else are we covering?

Agenda Items for Future CME Meetings

Both Dr. Klara Papp (Student Assessment) and Dr. Claire Doerschuk (Research Curriculum) will present updates at the March 8 CME meeting. Mr. Maughan added that applicants are expressing considerable interest in the student/faculty interaction of the new curriculum. Dr. Scott Frank requested that the CME look into the impact of the new curriculum on dual degrees in that there is a logistical mismatch between medical school and graduate school calendars. In response to a suggestion by Dr. George Kikano that the School of Medicine publicize its successes, Dr. Terry Wolpaw will organize a multi-media online presentation of selected highlights of the
February 8 education retreat that should appeal to students, prospective students, and faculty.

Respectfully submitted,
Lois Kaye
Secretary to the CME