

October 12, 2006 CME Minutes

Drs. Jason Chao and Lynda Montgomery co-chaired the meeting in Dr. Altose's absence.

1. **Block 1 Summary Report/Action Plan**

Dr. David Aron, leader for **Block 1: Becoming a Doctor**, described the well-received block as an "unqualified success" but also included issues for improvement along with strengths as based on student feedback. Block 1 kicked off the new Western Reserve₂ curriculum for the University Program Class of 2010, extending from July 12 through August 18. Dr. Aron highlighted some expectations for Block 1:

- To provide a fitting context for laboratory-based sciences
- To inform about the different models of disease and demonstrate how the individual model you use affects your thinking
- To promote responsibility for one's own learning
- To show that there is a social and behavioral context to disease
- To present the basic principles of epidemiology and biostatistics; systems issues in health care such as medical error, quality, and disparities; and professionalism and ethics

Dr. Aron concluded that all areas were covered. He was particularly pleased with student performance on an exam question dealing with medical error, which would likely have challenged many a faculty member.

Dr. Aron focused on the **strengths** of Block 1. Student feedback attested to the popularity of the **Case Inquiry Groups (IQ Groups)**, although some students unfamiliar with this learning style were initially resistant. Students were very pleased with the **approachability of the faculty**. **Field experiences**, where students spent a half-day outside the medical school, were also well received. Of note was a visit to Camp Ho Mita Koda, a camp for children with diabetes. In addition, Dr. Aron arranged for an actual demonstration of shared medical appointments, a practice unique to the VA, which took place for all Year I students in room E301 at the School of Medicine. Appearing along with a multi-disciplinary team in E301, seven Veterans Affairs patient volunteers waived HIPPA regulations, allowing white-coated students to very briefly view their electronic medical records.

Dr. Aron encountered the following **criticisms** of Block 1. **Many students came to medical school expecting immediate emphasis on the basic sciences and instead encountered a way of learning completely foreign to them.** The traditional cultural orientation found a segment of the class looking forward to the "real" science upon entering medical school. When questioned by discussants about the various steps taken to communicate course expectations, Dr. Aron explained that in spite of going over objectives two times during Block 1, some students were still unsure at the block's end.

Dr. Terry Wolpaw agreed that “saying it” does not automatically lead to “getting it,” integrating the concept into one’s own mindset. She suggested asking the current Year I students to help faculty present the IQ Group concept by zeroing in on two areas: 1) expectations, and 2) learning how to learn. We need to publicize the cultural change and to draw attention to the fact that we’ve never learned this way before—we’re learning how to learn.

Dr. Aron mentioned that the strongest criticism of Block 1 was the **need for better organization and coherency**. Block 1 contains a number of different issues that could not all be put together seamlessly. While the design team found Block 1 very coherent, students identified this area as needing the most attention. Dr. Montgomery felt that it would be worthwhile for *every* block to reassess how we learn, with long-term payoffs resulting in Continuing Medical Education (CME) and professional learning. Dr. Aron acknowledged that his familiar response to a student’s question is “Sounds like a good learning objective.” Dr. Wilson-Delfosse felt that introducing what Block 1 is intended to do during orientation or even during the first two weeks of medical school when there are so many pressing adjustment distractions is not the best time slot. She suggested enlisting the help of Year I students in compiling a brief description of what Block 1 is designed to do and enclosing it in a “welcome to Case” letter before students actually arrive.

Discussants agreed on the need to 1) prepare students for a **re-orientation** of the learning process, and 2) communicate **expectations** so that students know how to function in this environment.

The consensus was that it was not Block 1, per se, that was a problem. It is the difficulty in articulating the learning culture in the new curriculum. Dr. Aron felt that from the faculty perspective, students succeeded in Block 1. However, what is their perspective?

Mr. Christopher King, Year I student representative, agreed with discussants’ recognition of the need for further communication/clarification about Block 1 for incoming students. He felt that the Class of 2010 would describe Block 1 as exploring the “touchy feely” side of medicine. When asked to explain the reason for this word choice, Mr. King replied that students do not equate it with “hard, cold” science. Discussants were intrigued with exploring this perception, since Block 1’s conceptual models and epidemiology and biostatistics qualify as hard core science. Dr. Dan Wolpaw noted that in Block 1 students are beginning to learn what it means to be a physician rather than a scientist. He added, however, that the NBME licensure exams will include Block 1 content, such as basic safety.

Mr. King felt that timing is important in communicating expectations for Block 1. Applicants would not likely remember or care until they got accepted to Case. He suggested that involving Year I students with the IQ Groups would be more effective.

Dr. Aron noted a common student reaction when dealing with the health care disparities, medical errors, and deficiency in quality covered in Block 1. Students consistently asked,

“What can we do about it?” Dr. Wilson-Delfosse also noticed the emotional reaction to Block 1 topics, which situate basic science in a larger context.

Dr. Chao mentioned his personal experience with the Family Medicine residency program, where new residents, raring to go on the wards, started with didactics and theory of patient-centered care and prevention instead. The decision was made to delay presenting the didactics for two months, since the residents became more receptive after they had gained some experience. Dr. Chao suggested considering giving students a taste of biochemistry and anatomy in Block 1.

Dr. Wilson-Delfosse was enthusiastic about the element of *consistency* inherent in the new curriculum, where students return to Block 1 issues in Year IV.

Dr. Dan Wolpaw mentioned the opportunities for *integration* where block content is already linked with the Tuesday morning program (Foundations of Clinical Medicine Seminars).

Dr. Montgomery views the MCAT examination and premedical education as reinforcing the concept that there exist divisions between the “hard” and “soft” sciences. She encounters the global objectives covered in Block 1 in her own practice on a daily basis.

Dr. Terry Wolpaw also noted the relevance of Block 1 content. Case is a trail-blazer on this front, as more medical schools are changing their curriculum to include a segment on entering the profession.

Mr. King suggested making it more obvious that Block 1 content will be included on the Boards. For better or for worse from a pedagogical perspective, this would act as a strong incentive.

Dr. Terry Wolpaw suggested constructing a “non-medical” case around what happened this summer, when a “cultural mismatch” occurred once into the first case.

Dr. Chao felt that while retaining a certain amount of repetition is useful, some repetition/overlap of Block 1 (as cited in student feedback) could be eliminated to allow for more in-depth coverage of some areas.

Dr. Dan Wolpaw encouraged tapping the potential of the IQ Groups as a vehicle for education.

In his capacity as Society Dean, Dr. Kent Smith has met with Year I students sharing their Professional Learning Plans. Students felt that Block 1 was worthwhile: 1) They enjoyed having the time to get to know each other and ease into forming their group identity, 2) They found some overlap and lack of coordination which could be corrected by tightening up the block and making a few logistic improvements, and 3) They valued the exposure to Public Health.

As the Basic Science Curriculum Council Chair, Dr. Wilson-Delfosse noted the broad scope of cases used weekly for Block 1. She complimented Dr. Aron on his thoughtful review and evaluation of Block 1, in which he succinctly delineated criticisms and how they will be addressed in the coming year.

Dr. Terry Wolpaw announced that Dr. Aron's Block 1 report will be used as the "action plan." Along with the end-of-Block 1 program evaluation, it will be posted on the Center for the Advancement of Medical Learning (CAML) Web site. Students will be sent a link to access it.

Responding to student concerns about the desire for more basic science, Dr. Stephen Previs suggested that Block 1 might incorporate the history of some advances in medicine that led to everyday devices such as the MRI and ultra sound imaging that allow the physician to diagnose inborn errors as mentioned in Block 1. The physician may not use basic science on a daily basis, but he/she does rely on these devices and it might be beneficial for students to gain an appreciation for the basic science that made them possible.

2. **Report from the Basic Science Curriculum Council Chair**

Dr. Amy Wilson-Delfosse, Basic Science Curriculum Council Chair, focused on highlights from the Foundations of Medicine and Health. At the last CME meeting, Dr. Wilson-Delfosse described the variety of mechanisms that students are using to provide feedback. Year I Student CME representatives have organized global feedback from their classmates into an impressive **Feedback WIKI**. Students are upset that they can **no longer get remote access to *UpToDate***, an outstanding but very expensive electronic database. Later in the meeting, Mrs. Saha provided more details in her library update. **Block 3: Food to Fuel** is in good shape with respect to **recruitment of IQ Group facilitators**. Faculty may facilitate the entire 10-week duration of the IQ Groups if desired or choose either **the first half (November 13 through December 22) or the last half (January 8 through February 9)**. **A few openings remain in Block 3. Interested faculty should contact Ms. Minoos Darvish (Minoos.Darvish@case.edu)**. A few Block 3 cases have already been piloted. Block leaders have found very helpful specific feedback provided by IQ Groups Director, Dr. Steve Ricanati, who pilots cases with student focus groups. Students have provided both praise and constructive criticism in a balanced, professional manner leading to changes in the curriculum. While some changes have been implemented quickly, others take longer. Dr. Wilson-Delfosse mentioned that the faculty, in turn, are striving to provide the students with balanced feedback.

Dr. Wilson-Delfosse felt that Dr. Aron's Block 1 summary report demonstrated the value of the student feedback. Dr. Dan Wolpaw added that many faculty are really enjoying facilitating the IQ Groups. The goal was to create a learning activity where students and faculty alike could have fun. Block 1 faculty are already meeting to plan for next year. Dr. Wolpaw noted that there is something "engaging" about this process.

3. **Report from the Clinical Curriculum Council Chair**

Dr. Dan Wolpaw, Clinical Curriculum Council Chair, announced that the **formal review of Bridge Week**, a program designed to help students make the pre-clerkship to clerkship transition, has been completed. Bridge Week occurred this past July 10 through July 14. Planning for next year is already underway. Bridge Week will be offered two times this year in March and July to take into account variable clerkship starting times in the new curriculum. The Mount Sinai Simulation and Skills Center was the most popular activity of Bridge Week. Additional work will go into the orientation to the hospitals component, which varied among sites, and the student panel, with both activities to be included in the coming year.

Advanced Cardiovascular Life Support (ACLS) training will be offered to all students throughout the third year. Students need to have earned **ACLS certification** before the Undifferentiated Patient rotation of the Advanced Core.

As we approach the end of the **16-week blocks**, **current cores are being reviewed**. New cores will begin in November. Dr. Wolpaw is meeting with faculty at the different hospitals to determine if some adjustments need to be made within the time that remains. Attention is directed to both immediate issues and long-term planning. A **retreat on clinical assessment** for faculty throughout the entire city took place one week ago.

Dr. Wolpaw described the **Friday afternoon curriculum**. Currently, students return to their home base—either the College or the School of Medicine—on Fridays from 1:00 to 5:00 p.m. to concentrate in the University Program on 1) basic science concepts as revisited in the Basic Science Correlation curriculum, 2) Advanced Clinical Skills, 3) Advanced Seminars (formerly known as CLICS—Contemporary Learning in Clinical Settings), and 4) the Feedback Program where students get together by Core Block to reflect on their experiences. Based on extensive discussion and feedback, the decision was recently made to **shorten the Friday afternoon program** so that it will run from either 2:30 or 3:00 p.m. until 5:00 p.m. There are plans to work with the Year I students so that they have an understanding of the kinds of activities they will be returning to in Year III. The new curriculum is intentionally designed so that some of the same areas of knowledge and skill will extend across the entire four-year curriculum.

In response to a question about the Dean's Letter, Dr. Wolpaw replied that students still receive grades in each of the core clerkships and continue to take board licensure exams. Society Deans play a significant role in receiving student feedback on the curriculum and in relaying program feedback to the students. We have statistics based on ePortfolio data. To date, approximately 14,000 patients have been logged, 2400 procedures have been logged, and between 1400 to 1500 faculty assessments of students have been completed. Our intent is to provide students with feedback while they are engaging in their clinical experiences so that they can improve their learning and performance. This is a significant culture change.

4. **Elective Program Update**

Dr. Kent Smith, Flexible Program Coordinator, was pleased to announce there has been much positive student feedback on Type A electives, which include some new offerings. A discussant suggested reconsidering whether the “Flexible Program” is still a suitable name for the electives program.

5. **Update on the Status of Academic Computing**

Dr. Wendy Shapiro, Director of Instructional Technology and Academic Computing, highlighted current projects. **Classroom areas** are being designed **for the small group interactive sessions**. Plans are currently on the drawing board to include a permanent laptop computer as part of the classroom. The **eCurriculum programming** continues in its development. Of note, the **Registrar’s system** was recently re-worked. Dr. Shapiro felt that the **advising system** is now in good shape. Asked for his feedback, Dr. Kent Smith mentioned that Dr. Klara Papp demonstrated the system for the Society Deans yesterday. While some features still need work, the system is becoming more user-friendly for the Society Deans, who are just now beginning to work in Year III. Dr. Smith thanked Dr. Shapiro for her attentiveness to the requests of the Society Deans.

Dr. Shapiro mentioned that a tremendous effort is going into the **SSEQ (Summative Synthesis Essay Question) secure examination system** to avoid future mishaps such as occurred during Block 1. A paper backup remains in place if necessary. **Block 3** faculty and experts are already entered into the system. A main priority is **pulling clinical assessments and reports from the College system into a report form** for clerkship directors to read. A programmer is evaluating and analyzing the existing structure of the College system before the report form is designed and implemented.

Dr. Shapiro is thinking about how technology can support and enhance the curriculum and invites suggestions from faculty, staff, and students. (You can contact her at Wendy.Shapiro@case.edu). Once the main elements of the curriculum are identified, we can work with the designers and get input from the students. Dr. Shapiro would like to begin this initiative immediately. Dr. Dan Wolpaw suggested establishing a separate process of planning IT similar to that for Block 1, which is meeting to prepare for next year. Dr. Shapiro is enthusiastic about brainstorming technology. Dr. Shapiro concluded her update by saying, “The curriculum is amazing. Let the technology be amazing, too.”

6. **Curricular Affairs Update**

Dr. Terry Wolpaw, Associate Dean for Curricular Affairs, recognized the diligent efforts of the course managers/Evaluation Support Team in this first year of the new Western Reserve₂ curriculum. A suggestion was made to include the course managers in the IT team meeting. On **Monday, October 16**, an “**Educational Portfolio Retreat**” on the development of the portfolio system will be held. Brad Benson, M.D., and James Nixon, M.D., will demonstrate all the vehicles used in implementation of student portfolios (which will continue through residency) at the University of Minnesota School of Medicine in its current transition to the portfolio system. We at Case are moving into a new area, the use of the portfolio to support data and evidence in assessment. The

Accreditation Council for Graduate Medical Education (ACGME) will be requiring portfolios for residents. Dr. Wolpaw concluded her update by noting that the enormity of the effort with the IQ Groups has paid off. Faculty development has been concentrated on IQ Group facilitator training. There will be another main focus on faculty development soon.

7. **Library Update**

Mrs. Virginia Saha, Director of the Cleveland Health Sciences Library, mentioned that this is journal renewal season. The decision has been made to **cut almost all “trailing print” journal subscriptions in favor of electronic access**. “Trailing print” refers to the print editions of journals for which we also have electronic access. We are losing access to only two publications out of the entire group.

One residual benefit of the new curriculum is that it has **pinpointed difficulties in locating/accessing particular resources**. There is a **new alphabetical listing of journals using SerialsSolution <http://lu4ld3lr5v.search.serialssolutions.com/>**. There are currently at least three different ways plus Google to find electronic journals, but remember that you must either be on the Case campus connected to a network faceplate or running VPN on a wireless or off-campus connection. Saving subscription costs is not the intended goal of these latest print cancellations but rather consistency in finding sources and the ability to track the frequency with which different resources are used.

As of October 1, we lost remote access to the electronic database *UpToDate*. The cost of remote access under the new contract escalated to six times what we are currently paying. The terms of our contract require that we block off-campus access, which means blocking both on-campus and off-campus VPN access, since the system cannot distinguish between the two. Pricing for *UpToDate* varies with each institution. Mrs. Saha knows of only three medical schools in the U.S. with remote access to *UpToDate*: Stanford University, Yale University, and University of North Carolina at Chapel Hill. While an outstanding electronic database popular with the students, *UpToDate* is more of an expert system, a “peer-reviewed” online textbook of opinions—it is not an evidence-based system.

MDConsult is currently up for renewal. Mrs. Saha is weighing the options of canceling access to the database and redirecting library funds.

A bit of **New Business**: Mrs. Saha has become the faculty adviser to **the new undergraduate premedical fraternity Phi Delta Epsilon** at Case. A medical school version of the same fraternity already exists, and the two groups will cooperate on philanthropic activities, speakers, etc.