Case Western Reserve University  
T501 School of Medicine  
October 2, 2008 CME Meeting

PRESENT:  Dr. Keith Armitage, Chair; Drs. Barbara Freeman, Abdulla Gori, Allen Seftel, Mimi Singh, C. Kent Smith, Martin Snider, Amy Wilson-Delfosse, Daniel Wolpaw; Mr. Brandon Maughan (Year IV student representative), Ms. Maureen Burke (Year II student representative)  
Drs. Robert Haynie, Irene Medvedev, Daniel Ornt, Klara Papp, Terry Wolpaw; Mrs. Virginia Saha; Ms. Siu Yan Scott; Ms. Lois Kaye (secretary)

VOTING MEMBERS ABSENT:  Drs. Jalal Abu-Shaweesh, Robert Bonomo, James Bruzik, Paul Ernsberger, Andrew Fishleder, George Kikano, Lynda Montgomery, Andrew Resnick

GUESTS:  Dr. Michael Landers

Comments from the Chair

New CME chair, Dr. Keith Armitage, recalled his tenure as an elected CME member from 1999 through 2002, as he invited all present to introduce themselves with a brief description of the capacity in which they serve on this committee.  Vice Dean for Education, Dr. Dan Ornt, thanked Dr. Armitage for accepting the Dean’s invitation to chair the Committee on Medical Education.  Dr. Armitage would like for us to arrive at a more comprehensive description of the goals of the CME besides reviewing educational policy.  The revised version of the CME Charge was not made available in time for this meeting, but it was e-mailed to members afterward as soon as it became available.

Comments from the Vice Dean

Dr. Dan Ornt, Vice Dean for Education and Academic Affairs, advised informally reviewing the new CME Charge to make sure that it does not conflict with the by-laws for School of Medicine faculty.

We have undergone the third iteration of the Western Reserve curriculum.  Things are going more smoothly for the current first year class, the Class of 2012, than our first year “pioneers,” the Class of 2010.

As way of explanation, Dr. Ornt clarified that the Curriculum Monitoring Committee (CMC) is not an “official” committee per the by-laws.  This would be the ideal time to review its status while considering other by-law changes.  The Curriculum Monitoring Committee was established by the former Dean as a broad overview committee to meet LCME accreditation standards for curriculum management at an LCME-accredited school of medicine.  While the Committee on Medical Education oversees curricular policy, the Curriculum Monitoring Council, under the auspices of the Vice Dean, has operational oversight for the University Program.  Members are appointed to the CMC.  Many discussions that take place at the CME actually originated
at the CMC. Dr. Ornt invited Dr. Armitage to the 7:00 a.m. Wednesday meetings, as the CME chair is a welcome guest at the CMC.

The Class of 2012 is currently in the middle of Block 2.

The Cleveland Clinic Lerner College of Medicine will graduate the first class of its five-year program, the Class of 2009, this year. All thirty-something potential graduates plan to participate in the Match this year.

The LCME process is in full swing. Mark your calendars for the March 22 through March 26, 2009 LCME site visit here.

The Dean’s State of the School address last Friday was well-received. Dean Davis highlighted the positive aspects and ongoing challenges with respect to education.

Speaking as a past CME chair, Dr. Kent Smith recalled that the Committee on Medical Education speaks for the faculty. He feels that we have drifted from that role and would like to see us get back on track. If the consensus is to make the Curriculum Monitoring Council more official, this could be accomplished by having the CME chair appoint the CMC as a subcommittee under the CME. The CMC, with operational oversight for the University Program, would then have the same status as the Curriculum Steering Committee at the College.

Dr. Martin Snider inquired about seeing the data compiled by the external curriculum reviewers last June. Dr. Ornt offered to bring the two summary slides indicating strengths and weaknesses prepared by the Dean to the next CME meeting. The reviewers were not critical of our discussion with them. They merely listed existing issues which deserve recognition and include:

- The demand for faculty
- The use of experts vs. non-experts in small group teaching
- A single pass through all major organ systems

Strengths include the IQ Groups with their many positive aspects and the number of faculty engaged in the process. The final report by the reviewers was sent to the Dean. Dr. Armitage requested that the CME receive a copy of the executive summary.

Report from the Student CME

Ms. Maureen Burke, Year II student representative, mentioned that Block 5 is going well. She anticipates that the Year I elected student representative will start attending CME meetings by the beginning of November. Student CME representatives meet once a month separately and, in addition, with Drs. Terry Wolpaw and Amy Wilson-Delfosse. Both the first year SCME and the second year SCME have their own chair; each body a subcommittee of the Committee on Students (CSR).

Mr. Brandon Maughan, Year IV student representative and self-described “black sheep” representing the curriculum pre-dating Western Reserve2, contributed his perspective later during the meeting in reference to the clinical curriculum. At that time, Dr. Wilson-Delfosse paid homage to the Class of 2009, the first class to fulfill the Research and Scholarship requirement for graduation and proven “survivors” of the truncated version of our curriculum during the transition period of curriculum development and implementation.

Dr. Ornt provided a brief update on the student research program later in the meeting. The position of Associate Dean for Medical Student Research has not yet been filled. Dr. Ornt thanked Society Deans for helping students with the process for
reviewing completed products. January 15 is the deadline for their submission. Dr. Robert Miller, the new Vice Dean for Research has been very supportive of this program.

Foundations of Medicine and Health Update

Dr. Amy Wilson-Delfosse, Basic Science Curriculum Council Chair, explained that the second year class is nearing the end of Block 5 and the first year class is past the mid-point of Block 2. Things seem to be going reasonably well. Thanks to participants from the Classes of 2011 and 2010 in the Peer Hand-Off program this summer, the first year students seem to be more quickly adapting to the IQ Group process than their predecessors. This coming Monday students in the Class of 2012 begin their first Clinical Immersion week with Block 2.

A substantially revised Block 1 was completed in August. The Curriculum Monitoring Council hears reports from each block. After Block 1 leader, Dr. Scott Frank, has presented to the CMC, we will invite him to address the CME. The CME will also schedule a Block 4 presentation from Dr. James Finley to review last year’s course. Co-leaders Dr. Martin Snider and Dr. Colleen Croniger plan to introduce medium groups in Block 3 this year. Block 6 is working hard to get ready.

A new Anatomy piece was added to Block 1. Dr. Barbara Freeman mentioned that students are now better prepared for their first real anatomy. Dr. Terry Wolpaw recognized the significance of peer feedback, as second year students were teaching the first year students during the introduction to anatomy.

Dr. Wilson-Delfosse listed student projects: 1) The Scholars Collaboration in Teaching and Learning, 2) the online longitudinal Pharmacology resource (PharmWeb), and 3) the Socio-cultural Competence curriculum. Students working on these projects were all supported throughout the summer by the Clowes Fund, a Family Foundation, which awards grants in three areas: the arts, education, and social services.

Clinical Curriculum and JCOG Update

Dr. Dan Wolpaw, Clinical Curriculum Council Chair, began with a Foundations of Clinical Medicine update. The Tuesday morning seminar series continues to make adjustments and improvements under the leadership of Ms. Kathy Cole-Kelly and Dr. Ted Parran. Student ownership of the curriculum has had positive results and feedback has gotten better. Dr. Wolpaw would like to see the program continue to move forward in this manner.

Dr. Wolpaw next focused on the re-design of the clerkship curriculum in the clinical curriculum. An intensive process has been underway over the last six months, including a large retreat held over the summer. The end-product has been circulated to faculty and students. The Joint Clinical Oversight Group (JCOG) has now been working to establish design guidelines that allow institutions to take advantage of their strengths to develop the best learning experiences for students while maintaining consistency of learning objectives and assessment across sites. All sites will now develop designs for each basic core block to present to JCOG by mid-December. Final versions will be presented to students in January 2009. Students will be able to express preferences on where they want to do their clerkships. The re-organization of the clinical curriculum also helped provide students with flexibility and when they can sit for the USMLE Step 1 exam.
Dr. Armitage invited Dr. Wolpaw to outline changes in the basic cores at a future CME meeting.

Asked for his perspective, fourth year student, Mr. Brandon Maughan, felt that the clinical curriculum re-design has done well in addressing previously expressed student concerns. The consensus among students was that there was insufficient time dedicated to inpatient medicine and surgery. The student response to changes has been positive. Perhaps the Clinical Assessment System could be addressed at a future CME meeting. Mr. Maughan noted the original intent of CAS was to allow students to submit evaluations and receive rapid feedback in order to make changes. However, the system has not always worked that way.

Dr. Wolpaw replied that implementation and use of the system have been ongoing challenges. This issue is being addressed by increasing efforts to provide faculty development to use the system correctly.

Dr. Armitage inquired whether faculty compliance can be improved enough so that CAS will be able to function optimally.

Dr. Wolpaw suggested inviting Dr. Mimi Lam to a future meeting to hear how she uses CAS in her third year teaching.

Dr. Ornt explained that there are much data on CAS that have not been used or shared at this point. There are multiple approaches to increase utilization of the system, which is necessary for the upcoming LCME review. Dr. Ornt pointed out that CAS is used richly in some settings and is used at all sites.

Dr. Abdullah Gori suggested getting feedback from faculty involved in evaluating students with the Clinical Assessment System. Dr. Dan Wolpaw replied that CAS is not currently “on the table” as the system of student assessment but that significant faculty feedback has been received to date and more is always welcome.

**Electives Update**

Dr. Kent Smith was pleased to announce that an upsurge in interest in Type A electives has occurred this year. The switch to PeopleSoft, however, has made it harder for students to sign up. Dr. Terry Wolpaw mentioned that there is no infrastructure to help them. Type A electives, taken during the first and second years, are now completely voluntary, whereas there once was a 13 Type A minimum requirement. Type B electives are taken during Year IV.

Dr. Armitage invited Dr. Smith to brief the CME on elective criteria and the “smorgasbord” of offerings at a future meeting.

Mr. Maughan recalled that electives provided his “first real exposure to clinical medicine” outside the academic setting. He found his PI for the research program and mentor for residency through electives. This program also enabled him to make many contacts.

**Library Update**

Mrs. Virginia Saha, Director of the Cleveland Health Sciences Library, is working on the Library’s project to capture M.D. theses electronically and make them available to as wide an audience as possible. As Mrs. Saha explained at the May 8 CME meeting:
The plan is for each student thesis to be available as an electronic thesis in OhioLINK Electronic Theses and Dissertations Center [http://www.ohiolink.edu/etd](http://www.ohiolink.edu/etd). The theses can also be bound and kept in print format in the Library for those interested. The Library and OhioLINK will respect author control and the embargo period where applicable. [N.B. Discussions since May suggest that OhioLINK is not an appropriate repository for these papers, but Digital Case would be a better fit. (See below.)]

This project will “capture” student research and scholarship end-products, which are written as journal articles intended for submission to a peer review journal. Mrs. Saha has already met with Mr. Todd Fennimore, Coordinator, Office of Medical Student Research, and Society Deans. Student concerns focus on intellectual property or embargoing, as many students are either planning to publish or are currently under grants. The appropriate place for these theses is Digital Case, [http://library.case.edu/digitalcase/](http://library.case.edu/digitalcase/), a repository run by Kelvin Smith Library, that oversees copyright permission by obtaining necessary sign-offs by students and principal investigators.

The Library is in the midst of Journal Renewal season. We now subscribe to only a couple hundred print journals. Due to cost, we have had to abandon “trailing print” and opt for the electronic version whenever available. While this works well most of the time, there is some risk. Recently, High Wire Press at Stanford, which hosts dozens of electronic journals including *JAMA* and the *New England Journal of Medicine*, was not accessible from CWRU due to a firewall issue. The situation has since been rectified. However, should you ever encounter an accessing problem, contact Library staff immediately to trouble-shoot for you at (216) 368-3218 or hclref@case.edu.

*PubMed* is updated daily. The Library held two very well received workshops on searching *PubMed*. Twenty-three students turned out for the student workshop. A smaller number of faculty participated in the faculty workshop, but they were highly appreciative of staff efforts.

**Academic Computing Update**

Dr. Irene Medvedev, Director of Academic Computing, explained that temporary difficulty signing up for Type A electives is due to the transition to PeopleSoft. There have not been as many complaints about IT issues, in general. Dr. Medvedev and her staff are currently getting ready for the Block 5 exam.

**Update from the Office of Curricular Affairs**

Dr. Terry Wolpaw, Associate Dean for Curricular Affairs, described the office as multi-compartmentalized and multi-faceted. Current projects include:

- Examining teaching activities to identify roles that would best utilize our 1900 faculty
- Preparing for the LCME site visit this March
- Faculty/student participation in three workshop/panel opportunities at the upcoming AAMC meeting
CAML Update

Dr. Klara Papp, Director of the Center for the Advancement of Medical Learning, announced that CAML has been in operation since 2006, offering a series of workshops to prepare faculty for their new roles in the curriculum. About 300 people have participated in these workshops so far. CAML has started offering workshops for students, too, to prepare them for taking the SSEQ exams and the USMLE licensure exams. Next semester, new CME member Dr. Mimi Singh will offer a workshop.

Dr. Armitage noted that when workshops are voluntary, they too often end up “preaching to the choir.” He was interested in finding incentives to get faculty more involved. At University Hospitals, for example, doctors need to attend a minimum number of risk management sessions in order to maintain their malpractice insurance.

Dr. Ornt explained the desire to avoid piling on other requirements but acknowledged that faculty development is a critical part of our education program.

Dr. Dan Wolpaw commended Dr. Papp and Ms. Siu Yan Scott for their great job in communicating the workshop offerings.

Dr. Papp mentioned that faculty receive a Certificate in Teaching and Learning for attending three or more sessions.

Dr. Ornt brought up the last order of business: the LCME process started eighteen months prior to the March 2009 site visit. We have been creating the database—which covers areas such as institutional setting, M.D. degree, medical students, faculty, and resources. The self-study component matches those major areas, such as faculty, curriculum, institutional setting, etc. Dr. Ornt identified curriculum as the most relevant area for CME focus. Self-study leaders are Dr. Terry Wolpaw for the University Program and Dr. Alan Hull for the College Program. With the submission deadline for the database and self-study December 15, a presentation to share these data with the CME could take place as soon as early November.

Dr. Armitage added that the CME will be supportive of a successful site visit.

Dr. Ornt mentioned two town hall meetings to take place at the end of January, where the Dean will review process, materials, and site visit process.

Respectfully submitted,

Lois Kaye
Secretary to the CME