Case Western Reserve University  
T501 School of Medicine  
October 25, 2007

PRESENT: Dr. Murray Altose, Chair; Drs. Jalal Abu-Shaweesh, Robert Bonomo, Paul Ernsberger, Lynda Montgomery, Stephen Previs, Allen Seftel, Martin Snider, Daniel Wolpaw; Mr. Leland Metheny (Year IV student representative), Mr. Christopher King (Year II student representative) Drs. Irene Medvedev, Daniel Ornt, Klara Papp, Terry Wolpaw; Mss. Virginia Saha, Siu Yan Scott; Ms. Lois Kaye (secretary)

VOTING MEMBERS ABSENT: Drs. Louis Binder, James Bruzik, Andrew Fishleder, Abdulla Gori, George Kikano, Andrew Resnick, C. Kent Smith, Amy Wilson-Delfosse

GUESTS: Drs. Shelly Francis, Scott Frank, Mendel Singer; Ms. Laura Santurri; Mr. Dan Hart (Year II student and SCME Chair for CSR)

Comments from the Chair  
Dr. Murray Altose, CME Chair, opened the meeting by reviewing the minutes of October 11, 2007, which were approved as distributed.

Comments from the Vice Dean  
Dr. Dan Ornt, Vice Dean for Education and Academic Affairs, referred to the recent e-mailed communications from Case Western Reserve University President, Barbara Snyder, and Dean of the Case School of Medicine, Pamela Davis. Dr. Ornt explained that reflected in the School of Medicine deficit is a one-time expenditure for clinical faculty that is not a structural or ongoing debt. The dean and the School of Medicine leadership have a plan. So far this year, things are proceeding well. Giving has improved and NIH awards are coming in at reasonable rates. Dr. Ornt concluded that he is “cautiously optimistic” that we will not exceed this year’s projected budget deficit.

Dr. Altose noted that Dean Davis’ comments included positive remarks on the curriculum revision. Dr. Altose suggested the following for CME consideration: Will balancing the budget adversely impact the educational program?

Dr. Ornt mentioned that the accounting firm of Price Waterhouse Coopers has been brought in to do a financial analysis of the School of Medicine—to determine where money is currently flowing and the optimum areas for additional dollars.

In response to Dr. Paul Ernsberger’s inquiry as to whether we had completed all one-time expenses for the new Western Reserve\textsubscript{2} curriculum, Dr. Dan Ornt replied, “no.” Dean Davis has designated funds representative of an ongoing commitment. Dr. Terry Wolpaw explained that while monies used for design are no longer necessary, we are currently in the implementation phase of curriculum revision. Where is ongoing support needed for the curriculum? Dr. Altose recalled Dr. James Finley’s request for sufficient compensation for the time spent by about a dozen Block 4 faculty case-writers to keep
them committed to the educational enterprise. In his Block 4 review/action plan presented at the October 11 CME meeting, Dr. Finley asked that these faculty be acknowledged and compensated.

Continuing his update, Dr. Ornt announced that **Block 5: Host Defense and Host Response** had ended and that **Block 2: The Human Blueprint** would finish next week. Fortunately, we enjoyed an “uneventful” Block 5 exam experience. **Block 6: Cognition, Sensation and Movement** is underway. It consists of demanding material representative of the neurosciences and neuro anatomy. It is certain to offer a challenge to both faculty and students.

**Report from the Student CME**

Mr. Dan Hart, Year II student and Student CME Chair for the Committee of Student Representatives (CSR), mentioned two events taking priority for the Class of 2010 this past week: 1) the start of **Block 6**—the first week of a new block is always difficult, and 2) **PLP (Personal Learning Plan) meetings for students with their Society Deans**. Mr. Hart attended a PLP meeting for a group other than his own where mention was made of a **possible option to take the USMLE Step 1 at a later date than March**. Current policy mandates a dedicated six-week block starting in February for students to prepare for taking the USMLE Step 1 in March.

Considerable discussion ensued at the CME meeting as word of this recent suggestion which originated less than 24 hours ago—still under consideration, not yet codified into a policy proposal, and intended to alleviate student anxiety by allowing more flexibility—was perceived instead by students as evidence of a lack of confidence in their preparedness for the licensure exam.

Dr. Ornt provided context for the more flexible timetable under consideration. He explained that students have been struggling a bit with the amount of material and student anxiety over Block 4 exam performance still persists. The recently completed Block 5 consisted of challenging material, offering some neuro anatomy as a precursor to neuroscience in Block 6. There has been some uneasiness about the new curriculum. How many students would be interested in this option? He does not know. He is convinced, however, of the tremendous trepidation about NBME board scores. Historically, 97% of first time test takers at Case pass the USMLE Step 1.

Dr. Ornt explained that this sudden change of policy with regard to the deadline for taking the USMLE Step 1 from when he and his classmates were admitted—considering deferring the USMLE Step 1 to the research block or the third year—was raising questions.

Dr. Ornt explained the motivation behind considering an alternative: Is the March deadline for the USMLE Step 1 the best way to administer the Boards, as students are still very much involved in Block 6, which ends February 1? Many medical schools offer their students choices. Some schools prefer that their students have some clinical experience before taking the USMLE Step 1. Case is one of the first schools where students will be taking the Step 1 so early. He referred back to the Kaplan review course which failed to materialize, because the timing was not right for our students. Offering a lengthy course too close to Boards was perceived by many students as a distraction to their study plan. **The option to defer the licensure exam was**
intended to alleviate anxiety for those students worried about simultaneously mastering the material in Block 6 and studying for the USMLE Step 1.

Dr. Altose perceived student concerns as the result of changing a process that they were comfortable with.

Mr. Hart explained that he, as well as some of his classmates, had “come to terms” with the established schedule and built their own study plans around taking the USMLE Step 1 in March. Even if the schedule was not ideal, some students had already established their mindset. The new option has led to some “second guessing.” “Should I study while I’m doing research? Should I delay taking the USMLE Step 1 until third year?” This creates ambiguity. “You have to set your own schedule and stick to it. We want to make sure the School of Medicine has confidence in us.”

Dr. Altose acknowledged that changing course midstream causes anxiety.

Dr. Ornt emphasized that even if the option for deferring the USMLE Step 1 were added, students still could take the exam in March. Do students need to be given a firm date? Many schools make the timing optional.

Dr. Terry Wolpaw acknowledged that we are learning the way our students “live through” the new curriculum. They have been studying very hard. She favored affording our learners the opportunity to have choices.

Dr. Altose stated that a concrete proposal needs to be brought before the CME where it can be reviewed. He did not oppose the discussion of a policy proposal, but he was concerned about a lack of process.

Dr. Previs recalled that one of the positives in the design of the Western Reserve2 curriculum was the dedicated break between finishing classes and studying for the USMLE Step 1. He suggested hearing from people who have already taken the Boards to find out if six weeks to study is enough time.

Dr. Lynda Montgomery recalled that the variety of choices offered in her medical school worked well.

Dr. Robert Bonomo raised two issues: 1) the need for a set codified system, and 2) opposition to allowing students to take the USMLE Step 1 during a research block. Dr. Bonomo would not want any student studying for the Boards in his lab, since Board study takes the student out of the lab and clinic. The common student perception that the ability to get into a residency is based on the USMLE Step 1 score remains a source of anxiety.

Dr. Ornt felt that students might appreciate having some say on when to take boards. Some might favor the option to defer, while others would prefer to get the licensure exam over and stay on track. Dr. Ornt acknowledged that Block 6 is challenging material and the added flexibility was intended to make the students more comfortable.

Conscious of time restrictions, Dr. Altose inquired of Dr. Ornt and Dr. Terry Wolpaw if they planned to put a proposal before the CME.

In response to an earlier question from Mr. Hart, Dr. Ornt acknowledged that it would not be correct to issue a blanket communication to the Class of 2010 that “nothing will change.”

Year II student representative, Mr. Chris King recognized the problem as the manner in which the possible change was communicated to the class four months
before taking the USMLE Step 1. Mr. Hart added that this has given rise to many questions and a lack of confidence among the students.

    Dr. Ornt affirmed that the option to defer the licensure exam is not fueled by any lack of confidence in the students.

    Dr. Wolpaw explained that the option to defer taking the USMLE Step 1 was actually student-driven. Students had approached the Society Deans indicating a need for more flexibility.

    Dr. Lynda Montgomery recognized the significance students assign their USMLE Step 1 score, attributing it as key to “deciding their future.”

    Mr. Hart reiterated that the timing has put students on edge. Rightly or wrongly so, students perceive USMLE Step 1 results as important for their careers.

    Guest speaker and former CME member, Dr. Scott Frank suggested making a decision by the next CME meeting. Modification to the existing policy deserves CME consideration since this a student-driven request.

    Dr. Ornt reminded that a policy modification would affect research block selection, a topic just covered yesterday at the second year class meeting.

    Dr. Terry Wolpaw emphasized that the change in question is 1) student-driven, and 2) a modification of existing policy.

    Dr. Dan Wolpaw clarified that the current policy stipulates taking the USMLE Step 1 before the Research Block, and later, if necessary, on a case-by-case basis. He inquired whether the administration can decide without CME approval since time is of the essence.

    Dr. Altose summarized the process under question: Should this be brought before the CME, or should the administration decide?

    Dr. Terry Wolpaw regarded the matter under discussion as a modification and not a policy change.

    Dr. Altose felt that the original policy allowing case-by-case deferrals was intended for a student in academic difficulty who is not prepared to take the USMLE Step 1. He did not feel having 50 students opt for case-by-case deferrals would be in keeping with the original intent.

    Mr. Hart added that not all of his classmates were aware of the option to defer on a case-by-case basis.

    Dr. Altose cited CME responsibility for deciding policy.

    Dr. Ornt felt one could legitimately debate whether this is a scheduling issue or a policy issue. However, he advocated moving forward, as timing is crucial and students are currently scheduling their research block.

    Dr. Altose favored discussing the deadline/deferring option for the taking of the USMLE Step 1 at the next CME meeting on November 15 and making a decision.

    Recognizing that current policy allows students to exercise the option to defer, Dr. Previs questioned whether that was in and of itself sufficient to alleviate student anxiety.

    Dr. Ornt did not feel it was, as codification of policy would determine the approach used by the Society Deans in their discussions with students.
Population Health in the Western Reserve Curriculum

Scott Frank, M.D., M.S., Director of the Division of Public Health and Master of Public Health Program, introduced his team: Mendel Singer; Ph.D., Shelly Francis, D.R.P.H., and Laura Santurri, M.P.H. Dr. Frank explained that his presentation was intended to recognize where population health can be emphasized in the new curriculum. As the new curriculum was designed with a focus on civic professionalism, “key components of public health were to be embedded” throughout the four years.

Dr. Frank began his presentation with some definitions, distinguishing between population health (examines the influence of social, economic, and environmental, factors along with personal health practices and health services, on a population) and population medicine (measures the influence of health care on a community or group). He explained that epidemiology is the study of the occurrence, distribution, and control of diseases in populations.

Dr. Frank reviewed the entire eCurriculum to determine “where” and “to what extent” population health references exist. He used a list of 16 “searchable” key words (easily identified in the Searchable eCurriculum), and, in addition, 13 related terms not listed among the key words that, although not in the Searchable eCurriculum, may still be addressed in the eCurriculum. Block 1: Becoming a Doctor serves as an introduction to population health, which continues as a longitudinal thread running throughout the new curriculum. While great strides have been made in integrating population health into our curriculum, we have not yet reached the desired goal, and some tweaks and changes are still needed.

Dr. Frank indicated his findings by specifying opportunities for integrating population health into the curriculum:

1. The cases of each of the Foundations of Medicine and Health blocks. Dr. Frank’s department is happy to work with the case writers to include population health material. Just e-mail him at scott.frank@case.edu.
2. Foundations of Clinical Medicine (FCM) seminars, RAMP (Rotating Apprenticeships in Medical Practice), and preceptorship
3. Graduate courses in public health, epidemiology and biostatistics taken as preclinical electives
4. Friday afternoons of the core clinical blocks
5. Research and scholarship via interest groups, summer internships, and the MD/MPH dual degree program
6. Advanced Clinical Core electives or Areas of Concentration

Dr. Frank also listed additional opportunities to reinforce the population health curriculum through:

1. Case selection to include common conditions, prevalent risks, and health policy relevance and controversy
2. Expansion of the medical setting to the community setting and treatment of an entire community or population as the patient
3. Integration of preventive medicine
4. A longitudinal community health education experience in underserved Cleveland communities

When asked to expand on the latter opportunity, Dr. Frank described an “adopt-a-class” format. This would not be a one-time guest appearance for the medical student but rather
a once-a-month visit over the course of an academic year working alongside a dentist and
a nurse as part of a multi-disciplinary team using evidence-based health promotion. Dr.
Frank recalled putting together this concept shortly before Dr. Nate Berger left the
deanship.

Dr. Lynda Montgomery brought up the possibility of private foundation funding.
While health education has not been a big part of the kindergarten through grade 12
curriculum in city schools, there are important public health issues. The School of
Medicine and certain city schools do enjoy a special relationship.

Dr. Altose felt that the preclinical blocks need to be made aware of the
significance of this material. Perhaps Dr. Frank could share his presentation with the
block leaders. Dr. Terry Wolpaw suggested making the presentation to the design team.

When asked if he had a sense of what role this core content plays in the USMLE
Step 1, Dr. Frank answered in the negative.

When asked about the cost to support a longitudinal community health education
experience, Dr. Frank suggested writing a grant and approaching local foundations. He
expressed concerns about doing this “on a shoestring,” because students might end up
with negative views of the community. Also essential to the program is the opportunity
for students to debrief afterward to discuss their experience.

Discussants welcomed Dr. Frank’s presentation and urged sharing it with other
leaders in the curriculum.

CAML Annual Report for 2006-2007

Dr. Klara Papp, Director of the Center for the Advancement of Medical
Learning (CAML), presented a draft version of the annual report for 2006-2007. She
cited the mission “to support Case Western Reserve University School of Medicine
students, faculty, alumni and friends in their efforts to pursue excellence in learning,
teaching, and educational scholarship.” Dr. Papp accepted Mrs. Saha’s suggestion to
include “staff” as well among the constituents named pursuing excellence in the
education effort. Dr. Papp listed specific activities this past year that: 1) promote
lifelong-learning skills via both faculty and medical student workshops, 2) build
collaborations between faculty and staff to advance medical education via Journal Club
meetings, 3) support innovation and research relevant to the practice and knowledge of
medical learning and teaching as evidenced in the new Program Evaluation reflecting
feedback from both faculty and students (view feedback from the Class of 2010 for
Blocks 1 through 4 during the 2006-2007 year at
http://casemed.case.edu/curricularaffairs/program.cfm ), and 4) encourage scholarship in
medical education via a) presentations, publications, and conference participation, b)
formation of the Case Research in Medical Education (CaseRIME) Committee to review
and support medical education research projects, and c) awarding of Certificates in
Teaching and Learning to 11 faculty members in the School of Medicine.

Dr. Papp asked discussants to think about two questions: 1) What do you find
exciting? and 2) What other areas of focus would you like for the coming year? She
provided an update on the Case Research in Medical Education Committee mentioned at
the last CME meeting: Two research proposals have been approved. A dissertation
inspired by the fourth year clinical exam is being undertaken in collaboration with the
Weatherhead School of Management to examine the relationship between the
communication skills of medical students and diagnostic accuracy. A collaboration involving Harvard, Northwestern, and Albert Einstein universities, and Case will look into the influence of medical education on clinical reasoning, problem solving, and writing.

Discussants asked Dr. Papp to interpret the numbers of CAML workshop attendees delineated in the report. Since all workshops are voluntary and optional, someone may request a workshop but not attend. A total of 99 different faculty participated in the CAML workshops, but some of the same faculty attended more than one workshop.

**Information Technology Update**

**Dr. Irene Medvedev**, Director of Academic Computing, mentioned that the Block 5 exam went well, despite routine minor annoyances with individual student computers. The Block 2 exam will take place next week and will include virtual microscopy images. The Foundations of Clinical Medicine (FCM) home page has been enhanced to include a schedule. Last week Dr. Medvedev worked with the IT team at the Cleveland Clinic Lerner College of Medicine on the clinical evaluation program. Dr. Dan Wolpaw complimented Dr. Medvedev for the “terrific job” that she has done.

Dr. Bonomo inquired about arrangements for the upcoming Lepow Day given that Dr. Claire Doerschuk, Associate Dean for Medical Student Research, is leaving the university.

Dr. Ornt mentioned that Dr. Doerschuk has done a phenomenal job in overseeing the summer research experience, where she acted as the Principal Investigator for two training grants, as well as the four-month research block required of all students. Separating the job into two components is under consideration. Faculty wishing to suggest someone who would be effective in this role can contact Dr. Ornt at Daniel.Ornt@case.edu.

Dr. Bonomo praised Dr. Doerschuk as “a very effective student advocate.” Dr. Ornt added that she read every single proposal.

Respectfully submitted,

Lois Kaye
Secretary to the CME