PRESENT: Dr. Keith Armitage, Chair; Drs. Jalal Abu-Shaweesh, Mireille Boutry, Paul Ernsberger, Pierre Ghom, J. Harry “Bud” Isaacson, George Kikano, Brad Stetzer, Amy Wilson-Delfosse, Daniel Wolpaw, James B. Young; Drs. Daniel Ornt, Terry Wolpaw, C. Kent Smith; Dr. Irene Medvedev, Mrs. Ginger Saha, Ms. Siu Yan Scott; Mr. Christopher King (Year IV University student representative), Mr. Sunny Patel (Year II University student representative); Mr. Michael Katsnelson, (MSTP student representative); Mr. Myles Nickolich (Year I University student representative), Mr. Ben Abelson (Year I College student representative)

VOTING MEMBERS ABSENT: Drs. Wanda Cruz-Knight, Barbara Freeman, Abdulla Gori, Mimi Singh, Martin Snider; Ms. Anna Brady (Year V College student representative)

GUEST: Dr. Michael Landers

Comments from the Chair

Dr. Keith Armitage, CME chair, welcomed new members: Dr. Pierre Ghom, Dr. Brad Stetzer, and Mr. Ben Abelson, Year I College Track student representative. The October 8, 2009 minutes were approved as distributed. As Dr. Armitage called on Dr. Ornt to present the official LCME feedback on our site visit, he extended the Vice Dean a special thanks for his invaluable organization of this endeavor.

Comments from the Vice Dean

Dr. Dan Ornt, Vice Dean for Education and Academic Affairs, began his presentation by first asking for a change in nomenclature for the transcript. Within our pass/fail system for Foundations of Medicine and Health in the University Track, we have been using “M” for “Meets” to describe student mastery of standards/competencies during the blocks. Dr. Ornt is seeking approval from the CME today to replace “M” with “AE,” signifying “Achieves or Exceeds,” to go into effect with the July 2009 transcript. He clarified that “AE” denotes a single grade—not a choice of two separate grades. Dr. Ornt stated that this change had already been discussed many months ago with Lerner College colleagues, where it would apply to both the pre-clinical and clinical curricula in the College Track. The current grading system for the clinical curriculum in the University Track, however, with its own descriptors would remain as is. The change from “M” to “AE” would be evident in 1) PeopleSoft, and 2) local grades.

Dr. Terry Wolpaw added that for now the focus is on the transcript level decision.
Dr. Ornt continued by explaining that before submitting this change to the University Provost, approval from a body of colleagues is needed. In conversations with College colleagues, they acknowledged that “Meets” does not indicate whether or not a student has “exceeded.”

Dr. Paul Ernsberger felt that “AE” could be more helpful to students than “M” on the transcript.

Dr. Amy Wilson-Delfosse felt that “AE” would be viable on the transcript level but expressed concerns that it might not fit with our grades locally.

There was a consensus among CME members to endorse the following change in nomenclature: Starting with the July 2009 transcript, “M” (Meets) will be replaced by “AE” (Achieves or Exceeds) to describe student performance in the University Track pre-clinical curriculum and the entire Lerner College Track (pre-clinical and clinical programs).

Dr. Ornt then presented the Team Report of the CWRU School of Medicine LCME Survey. He recapped events: our compilation of the self-study followed by the March 2009 site visit, after which the LCME site visitors wrote a very positive preliminary report. On October 10, 2009, the full LCME Committee met and compiled the official report, granting the CWRU School of Medicine full accreditation for 8 years. CWRU is among 131 active LCME-approved medical schools. Excerpts from the official report follow verbatim:

In its review of the survey report, the LCME concurred with the survey team that the following represents areas of institutional strength:

1) The recently-appointed dean of the Case Western Reserve University School of Medicine assumed office in a time of financial uncertainty. She has rapidly earned the respect and loyalty of all members of the medical school community due to her responsiveness to their input; her advocacy in support of the medical school’s educational, research, and clinical missions; and her leaderships in achieving substantive change.

2) There are a variety of research alternatives available to medical students in both the University track and the College track. There is a well-organized system to match student interests with appropriate mentors.

3) The design of the preclinical curriculum allows medical students to pursue individual or group study, thereby fostering the behaviors and habits of lifelong learning.

4) There is a dedicated, enthusiastic, and effective group of educators who have been involved in the creations of the student-centered University and College tracks.
5) The school has developed a sophisticated, web-based Clinical Assessment System that permits students and faculty to monitor students’ clinical development and to track clinical encounters. This system allows timely feedback on the identification of deficits in student performance.

6) The portfolio system is a powerful tool for students in their development.

Commentary from Dr. Ornt during today’s meeting: After presenting the 6 areas of strength noted by the LCME, Dr. Ornt mentioned the visitors told Dean Davis that they were pleased by the interaction of students with faculty. Before proceeding to list the 3 partially noncompliant issues and the 5 in-transition issues and in order to provide perspective on how well we did, Dr. Ornt explained that the LCME has 130 existing standards in all. We need to address any issues cited with an appropriate policy. During the next calendar year, we need to send a Progress Report to the LCME specifically addressing the 3 partially noncompliant issues and the 5 in-transition issues cited below. Since Dean Davis asked Dr. Ornt to report back how we intend to address each issue, he welcomes CME feedback.

The LCME identified the following areas of partial or substantial noncompliance with accreditation standards.

MS-27. Medical students must have access to preventative, diagnostic and therapeutic health services.

Finding: Students report that the limited hours of the university health service and the requirement for an appointment make it difficult to access services for an acutely-occurring illness during clinical rotations. The alternative of accessing services through the emergency department is not adequate.

MS-27-A. The health professionals who provide psychiatric/psychological counseling or other sensitive health services to medical students must have no involvement in the academic evaluation or promotion of the students receiving those services.

Finding: The associate dean of student affairs at the Cleveland Clinic Lerner College of Medicine is sometimes used as a consultant psychiatrist for University track students. She also is a member of the dean’s extended administration and has participated as a faculty member in a clerkship block.

MS-32. Each medical school must define and publicize the standards of conduct for the teacher learner relationship, and develop written policies for addressing violations of those standards.
Finding: There is not one unified policy for the Case Western Reserve University School of Medicine that addresses the standards of conduct in the teacher-learner relationship. Different policies are in place for the University and College tracks, and university policies are not linked to the teacher-learner relationship.

Commentary from Dr. Ornt during today’s meeting: After presenting the 3 areas of partial noncompliance noted by the LCME, Dr. Ornt noted that: a) The University Health Service is not open long enough and needs walk-in hours. A follow-up survey of the Health Services issue will be needed. b) The separation of psychiatric counseling and academic counseling can be easily resolved, and c) The LCME liked the language used in the College Track handbook and this could serve as the basis for one dual-track policy. Dr. Ornt proceeded to present the 5 items listed as “in-transition” but not classified as noncompliant.

The LCME noted the following areas in transition whose outcome could affect the school’s ongoing compliance with accreditation standards:

1) At the time of the survey visit, there were six open chair positions.

2) The Western Reserve Two curriculum is new. Changes in the clinical phase of the curriculum were implemented in March of 2009, and the effects of the changes have not yet been determined.

3) The medical school is recovering from a financial deficit, with the goal to have a balanced budget by 2011. The university administration has agreed to fund the medical school deficits for a limited period of time.

4) There have been ongoing efforts to recruit a diverse faculty.

5) While the educational program objectives are posted online and clerkship objectives are emailed to residents, students report that some residents are unfamiliar with the clerkship objectives and the role of students on the rotation.

Commentary from Dr. Ornt during today’s meeting: After presenting the 5 in-transition items, Dr. Ornt addressed them: a) While there were 6 open chairs in March 2009, there are now only 2 open chairs. b) With regard to WR2, the clinical curriculum changes were just being implemented at the time of the site visit in March 2009. c) Given that the University is recovering from a financial deficit, the LCME wants to know if the School of Medicine is financially stable. d) The LCME wants data on recruiting diverse faculty. e) The LCME is interested in resident understanding of the learning objectives of our curriculum—in successfully communicating these; this item is not about residents as teachers.
Dr. Ornt expressed Dean Davis’ gratitude to everyone who participated in the LCME survey. A very positive atmosphere permeated meetings of faculty and students with site visitors.

Dr. Bud Isaacson suggested sending a thank you note to students and a copy to their chair.

In response to the item regarding residents’ not thoroughly understanding the learning objectives, Dr. Mireille Boutry inquired whether there had been recent changes in learning objectives. Dr. Dan Wolpaw replied that the learning objectives had been re-worked one and one-half to two years ago. While all the learning objectives are printed on cards, the cards do not always reach everyone. The cards are distributed through the clerkship directors.

Dr. Ornt revisited two requests from the LCME: 1) Describe how faculty assure that residents are familiar with clerkship objectives. 2) Provide data from the students about their perception of resident familiarity with these objectives. He agreed that this is a JCOG issue: to develop a strategy to address resident understanding of the learning objectives.

Mr. Myles Nickolich, Year I student representative, referred back to Health Services access. From his personal experience, he agreed that there are no evening hours and it is difficult to get an appointment. He went to the ER when he was sick.

Dr. Armitage congratulated Dr. Ornt on getting everyone organized and onboard for the LCME initiative. Dr. Armitage inquired as to the consequences if our Progress Report is not satisfactory. Dr. Ornt replied that the LCME could request another Progress Report and could then show up on site. The issues raised by the LCME need to be taken seriously and addressed appropriately.

AAMC Meeting Update

Dr. Armitage called for a AAMC meeting update.

Dr. Ornt mentioned that one entire session was devoted to timing of the MSPE (Medical School Performance Evaluation, or “Dean’s Letter”), which is currently released November 1, but there was no resolution. ERAS (the AAMC’s Electronic Residency Application Service) gets released in September now. The timing of the USMLE Step 2 Clinical Knowledge and Clinical Skills was also discussed.

Dr. Armitage explained the pressure on constituents to start early. Students are expecting to get their residency applications and interviews in early, while the residency programs feel obligated to reach the students early. Should release of the MSPE be changed from November 1 to October 1?

Dr. Ornt suggested looking at other dates. The MCAT is being examined. There are predictions that by 2014, the MCAT will be dramatically changed in both content and process. There will be required course work and competencies for students applying to medical school.

Mrs. Saha wondered how we are going to find enough clinical slots.

Dr. Armitage remarked that many medical schools expanded their size.

Dr. Dan Wolpaw added that slots available for unmatched students have been declining.

Dr. Armitage called for an update on the USMLE licensure exams.
Dr. Ornt mentioned that the Clinical Skills component is not opening new slots or a new center. A new calendar will be opened, however. Students will have to pick a date six months in advance to take the USMLE Step 2 CS exam or else they will not get an examination date.

Dr. Terry Wolpaw mentioned that this will impact setting up interviews prior to release of the MSPE.

Dr. Smith felt this puts more importance on NBME scores.

Year IV University track student representative, Mr. Chris King, inquired whether the USMLE Step 2 CS will be graded more quickly.

Dr. Ornt replied in the negative, because the need remains for a batch in order to maintain the reliability factor.

Dr. Terry Wolpaw added that the physical exam with its “softer part of medicine” is gaining some prominence.

Dr. Ornt mentioned that with healthcare reform in the spotlight, there has been heavy reflection on how to solve the Primary Care shortage. Newer programs are being created. Some have created more slots and loan forgiveness for residents.

Dr. Dan Wolpaw added that a Blue Ribbon Panel on VA academic affiliations chaired by former AAMC President Jordan Cohen presented its report at the AAMC. This report should be very helpful in clarifying and strengthening these agreements and continuing to raise the profile of the VA in supporting important academic programs, including education.

Dr. Ornt remarked that within the VA system is the only place where there has been significant growth in support of Graduate Medical Education.

Student CME Report

Mr. Myles Nickolich, Year I University track student representative, asked for an explanation of grading on the wards. From his discussions with third year students, he has the impression that one could earn “honors” on the wards, but lose it if the written shelf exam performance was not strong enough.

Dr. Dan Wolpaw replied that most medical schools use the NBME Shelf exams as an important component of the clerkship grade and that shelf exam performance has always played a role in whether a student receives a final grade of Honors. The clerkship grading policy for this year was developed by the Clerkship Directors and has been extensively reviewed. The policy must be the same across sites within a specific discipline.

Dr. Armitage added that there must be transparency and consistency in the grading policy. Every clerkship has a written exam.

Dr. Mireille Boutry inquired about the student who fails the clinical rotation but does well on the shelf exam.

Dr. Dan Wolpaw replied that the student must remediate the clerkship. The student must pass both the clinical clerkship and the shelf exam.

Dr. Bud Isaacson added that we do not want the exam to supersede the clinical experience.

Dr. Boutry acknowledged that the reason for failure could be a behavioral problem.
No Foundations of Medicine and Health Report

Clinical Curriculum Update

Dr. Dan Wolpaw, Clinical Curriculum Council Chair and JCOG co-Chair (Joint Clinical Oversight Group), mentioned that a new cycle of reports to JCOG from the Core Clinical Clerkships will get underway February 2010, beginning with Basic Core 3 and followed by Basic Cores 2 and 1 in subsequent months.

A JCOG meeting on the Advanced Core on Aging will take place today following the CME meeting.

Elective Program Update

Dr. Kent Smith mentioned that students are going all over the country as they pursue clinical electives of interest.

Both Dr. Terry Wolpaw and Year II University track student representative, Mr. Sunny Patel, inquired as to decisions made regarding the pre-clinical electives.

Dr. Smith replied that the MAPs (Medical Apprenticeship Program) are still there. There will be a new elective in Palliative Care and other options are being considered.

Library Update

Mrs. Ginger Saha, Director of the Cleveland Health Sciences Library, announced that the latest installment of Search Tips will start next week for Block 3 IQ Groups. The Library is holding two classes next week on searching PubMed effectively. The class on Monday, November 16 from 5:00 to 6:00 p.m. is for faculty, and the class from 4:00 to 5:00 p.m. on Thursday, November 19 is for students. We have until January 10, 2010 to decide whether to renew Natural Standard, the evidence-based Complementary and Alternative Medicine database, with a cost of $4400 for 12-month usage.

Academic Computing Update

Dr. Irene Medvedev, Director for Academic Computing, mentioned that a full three-fourths of the online exams have been very successful. A glitch due to human error was encountered during the last exam, but within 15 minutes the system was fixed.

Update from the Office of Curricular Affairs

Dr. Terry Wolpaw, Associate Dean for the Office of Curricular Affairs, mentioned that clinical reasoning has been introduced into the IQ Groups thanks to the efforts of Dr. Dan Wolpaw and Dr. Amy Wilson-Delfosse. Starting with Block 4, the last block of the first year, the differential diagnosis is introduced. This feature continues in Blocks 5 and 6 of the second year.

CAML Update

Ms. Siu-Yan Scott, Manager and Program Evaluation Coordinator for the Center for the Advancement of Medical Learning, listed current projects:

- Spring workshop planning is underway
- CAML held 3 SSEQ preparation workshops for students this academic year, which were well attended by between 60 and 75 first year students.
We have a date for the **Comprehensive Basic Science Examination**. It is scheduled for **December 10 for the Class of 2012**.

- Plans to work with Beth Bierer of the Cleveland Clinic to **meld our Residency Program Directors Survey and Recent CWRU School of Medicine Graduates Survey into one**.

Dr. Ornt concluded the meeting by adding that one single survey is being considered for use in both the University and College tracks.

Respectfully submitted,
Lois Kaye
Secretary to the CME