November 9, 2006 CME Minutes

1. Comments from the Chair
   Dr. Murray Altose, CME Chair, thanked Drs. Jason Chao and Lynda Montgomery for co-chairing the CME meetings held during his absence.

   Dr. Altose mentioned that the curriculum revision initiative for the School of Dental Medicine is running parallel to that of the School of Medicine and that both share similarities. Discussants suggested inviting Dr. Marsha Pyle, Associate Dean for Education at the School of Dental Medicine to a CME meeting. Dr. Pyle will be asked to address challenges faced, lessons to be learned, and possible areas for collaboration. Regular CME guest and faculty member of the dental school, Dr. Michael Landers advised focusing on “process,” a common area offering many challenges.

2. Comments from the Vice Dean
   Dr. Dan Ornt, Vice Dean for Education and Academic Affairs, referred to our “Dialogue with the Dean” at the October 26 CME meeting, where Dr. Pam Davis expressed her commitment to the Western Reserve curriculum. We are currently making progress on all blocks in the Foundations of Medicine and Health. Block 2 assessment is taking place today and tomorrow. Dr. Ornt acknowledged that further IT work is needed. Dr. Irene Medvedev has brought us so far, in spite of limitations to our system and security-imposed constraints.

3. Block 2 Update
   Dr. Amy Wilson-Delfosse mentioned that we are currently in the twelfth and final week of Block 2. Students spent the morning doing Summative Synthesis Essay Questions (SSEQs). Tomorrow morning, the Anatomy, Histopathology, Radiology practical takes place. After a break for lunch, students will take the NBME (National Board of Medical Examiners) multiple-choice-question exam, which does not count toward a passing mark for Block 2. We just experienced an “extraordinary” Clinical Immersion week, the first learning activity of this kind in the new curriculum. The Clinical Immersion is unique to the Case curriculum. It represents a monumental commitment on the part of many different faculty. The Clinical Immersion was designed to take all students out of the classroom and provide them with a meaningful clinical experience as it relates to the basic science learning they have been doing during the block.

   Dr. Dan Wolpaw continued by stating that the Clinical Immersion exceeded all expectations. He attributed the success to the following factors:
   - Sound planning
   - Excellent organizational support provided by the Office of Curricular Affairs, especially Ms. Carol Chalkley
   - Opportune timing to enhance students’ improving, solidifying, and integrating learning in valuable ways. Enthusiastic students approached the Clinical Immersion with a positive attitude highly infectious to the faculty. Students were
equally engrossed by the Path Lab experience as by the more “glamorous” OR (Operating Room) setting.

- Engaging variety of activities at the Mount Sinai Skills and Simulation Center: male and female exam practice with simulation models and genetic counseling practice with standardized patients. Faculty contributions were critical to the success of these experiences and included several UH Obstetrics and Gynecology faculty and residents organized by Dr. Marge Greenfield (including the Chairman, Dr. Jim Liu), Metro OB-Gyn faculty, a Urology resident and staff member, and Ms. Kathy Cole-Kelly, Director of the SOM Communications Program.

The Clinical Immersion got off to a strong start with all students coordinating with their IQ Group colleagues to interview a patient, and this interview then served as a framework for the week. There were four different themes over the week: 1) Cancer, 2) GYN Oncology, 3) Infertility, and 4) Birth defects. Patients interviewed included the parents of children with Down Syndrome, Fragile X, Prader Willi; patients who had struggled with infertility; and patients with cancer. The groups then engaged in a variety of activities designed to provide them with some real experience with their theme—from the operating room to the pathology lab to the Simulation Center. The week concluded with group presentations to students who had engaged in other themes during the week, reviewing what they learned from their patient and the linked activities of the week. Formal student feedback from the week is currently being analyzed. The four-theme Clinical Immersion clearly appears to be a workable model for getting 140 students out of the classroom during the same week. Block 3 will also use the four-theme model. Block 4 will incorporate a completely different approach. We are currently in the process of sending thank you acknowledgements to all participating faculty.

Dr. Ornt congratulated the dedication of faculty to the Clinical Immersion component. We succeeded in developing a “clinically relevant experience” where so many other schools have tried and failed.

Dr. Altose asked Dr. Wolpaw whether he is satisfied that specific learning objectives were incorporated into the Clinical Immersion learning experience and achieved. Dr. Wolpaw explained that the immediate emphasis was on developing a meaningful context for the science the students learned. In that respect, we “hit a home run.” In this first ever clinical immersion, the primary focus was more general and not directed toward meeting a checklist of specific learning objectives. As we look to the next edition in 2007, we hope to be able to target more specific learning objectives.

Dr. Ornt emphasized the “aha moment,” or recognition factor, as students declared, “Now I get this. Now I understand why this is important.”

Dr. Wolpaw went into some greater detail on the Friday wrap-up that he described as impressive. The Year I class was divided into four groups of 36 students, with each of those groups further divided into four groups of about nine students, corresponding to the IQ groupings. With 36 students to a room, there were four different learning theme presentations, so that each group could benefit from the other’s experiences. Each
presentation incorporated a variety of activities. Dr. Wolpaw described the presentations as “very successful” and “related to specific learning objectives” based on the scientific underpinnings of the week’s experiences.

Dr. Altose felt that our primary objective was to develop a strong scientific underpinning with enough rigor.

Dr. Wolpaw felt that we have not only scientific rigor but enormous educational rigor as well. He describes “educational” rigor as creating a learning environment where the students remember what they connected to during the Clinical Immersion week and how it relates to what they learned in the prior weeks of the block. For example, several students observed surgery where tumors were removed and then saw those same tumors evaluated in the Path Lab. This is a truly memorable learning experience for the students.

Dr. Scott Frank suggested developing a sort of “retro-fit,” based on student feedback—what they took away from the experience—which could be used as learning objectives.

Dr. Wolpaw mentioned another experience occurring during the Block 2 Clinical Immersion: going to the Cyto Lab to learn what had to be done to develop karyotypes before proceeding to examine them. Students were impressed not only with the process of science and its relationship to patient care but also with the connection that lab workers feel with patients they have never met.

Dr. Ornt agreed with Dr. Altose’s ultimate goal but acknowledged that learning is an ongoing process. The Clinical Immersion offers the opportunity to create knowledge in a clinical experience and motivates the student to revisit the relevant basic science.

Dr. Wilson-Delfosse pointed out that students did a significant amount of studying and consolidating when they were not in the Clinical Immersion setting. They were studying, researching, reviewing, and reflecting. Dr. Wilson-Delfosse wished to acknowledge the efforts of Drs. Dan Wolpaw, Derek Neilson, and Georgia Wiesner in putting together the Block 2 Clinical Immersion. Dr. Wilson-Delfosse suggested asking involved faculty how engaging they thought the Clinical Immersion was, if they would participate again in the future, and if it re-invigorated them.

Referring to this morning’s SSEQs (Summative Synthesis Essay Questions), Dr. Wilson-Delfosse brought up the need for a more robust server. Despite this hardware problem, the consensus among students, when informally asked, was that the exam was fair. Dr. Wilson-Delfosse recognized Block 2 leader, Dr. Georgia Wiesner, and her team who put this exam together. A review of synthetic cases was both practical and valuable in pulling things together for the student before the exam.

Dr. Ornt announced that the Block 2 Anatomy, Histopathology, Radiology practical exams would take place tomorrow morning. A large number of students want to take Gross Anatomy next semester. Many students viewed the Block 2 anatomy offering as
“Anatomy Light.” Block 3, however, will provide opportunities for students to do a dissection of the thorax and abdomen.

4. **Basic Science Curriculum Update Continued**
   **As pertains to Foundations of Medicine and Health**

Dr. Wilson-Delfosse announced that Block 3, under the leadership of Dr. Colleen Croniger and Dr. Martin Snider, starts November 13. A significant number of the cases have already been written and piloted. Dr. George Dubyak has met with the block leaders concerning cell physiology.

Dr. Brunengraber expressed **two concerns**: 1) What remains of **biochemistry** in the new curriculum? He recalled our acclaimed Biochemistry subject committee in the old curriculum. Biochemistry accounts for roughly 10% of the USMLE Step 1 licensure exam questions. Will students be left on their own to learn biochemistry using previous exams? IQ Group facilitators have varying degrees of scientific knowledge, and some of them may not even be faculty. Dr. Brunengraber then raised his second question: 2) Why model our curriculum after McMaster University, which is a three-year medical school? Dr. Wilson-Delfosse explained that McMaster University offers no vacation time throughout their entire curriculum. Additionally, the Western Reserve curriculum is only somewhat modeled after McMaster. Dr. Wilson-Delfosse also commented that she was unaware of any facilitators that were not faculty members or emeritus faculty.

Dr. Altose inquired of Dr. Brunengraber as to whether he could detail specific aspects of biochemistry that were not included in the new curriculum.

Dr. Wilson-Delfosse relayed Block 3 co-leader, Dr. Martin Snider’s rationale for one of the SEQs (Synthesis Essay Questions) that he wrote: Students need to go **beyond** the material presented. Expectations for students may be higher than perceived by faculty not yet involved in the new curriculum. However, we should be checking to find out if key concepts are missing.

Dr. Brunengraber mentioned that he looked at the Interactive Sessions listed on the eCurriculum as his point of reference.

Dr. Wolpaw added that the IQ Group cases have more than half of the learning objectives of the curriculum and may address much of the material Dr. Brunengraber felt has been omitted.

**Dr. Ornt** acknowledged **a universal concern that we may have omitted some pertinent material in the new curriculum**. He recommended that we **map out our learning objectives from all the Interactive Sessions, Inquiry Groups, and SEQs to determine how they relate to the different disciplines**. He recognizes the validity of the physiologists’ and biochemists’ concerns.
Dr. Altose requested that Dr. Brunengraber compile a list of topics *not* incorporated into the new curriculum for both Dr. Amy Wilson-Delfosse and Dr. Terry Wolpaw to review. Dr. Altose felt that we could reasonably and quickly address this issue.

Dr. Brunengraber mentioned that he and Dr. Michael Weiss, Chair of Biochemistry, plan to attend random lectures. **Dr. Brunengraber suggested making biochemistry a prerequisite course for admission to the Case School of Medicine, if students are going to be left on their own to learn biochemistry.**

When asked if there had been any further discussion on making biochemistry a prerequisite, **Dr. Ornt replied that the issue goes beyond biochemistry. The committee agreed that a subcommittee should explore existing prerequisites for medical school and make recommendations for possible changes. These suggestions would be reviewed by the full committee and then forwarded to Dean Davis.**

A few members mentioned that approximately 20% of our students have not had any biochemistry prior to entering medical school. Discussants suggested surveying the literature to find out what other schools do, checking with the 13-School Consortium, and asking Dr. Lina Mehta, Associate Dean for Admissions, her thoughts on the matter.

Dr. Wolpaw suggested to Dr. Brunengraber that he and Dr. Weiss sit in on some IQ Group sessions in addition to the Interactive Session lectures. Dr. Wolpaw is facilitating his third consecutive IQ Group and emphasized that he is not a content expert. However, all facilitators have a comprehensive tutor guide to each case and, with appropriate facilitator training, can successfully direct students toward the learning objectives. Students do the bulk of the work.

Dr. Altose endorsed the idea of having faculty like Dr. Brunengraber and Dr. Weiss observe some IQ Group sessions.

Dr. Smith noted that like Dr. Wolpaw, he is a returning IQ Group facilitator who is not a content expert and was encouraged by Wolpaw’s remarks. All four Society Deans were highly impressed with the Clinical Immersion week. Part of the explanation for the surge in enrolment in Gross Anatomy next semester may be that it is required in order to take fourth year Surgical Anatomy electives.

In regard to mapping out basic science principles across all the blocks, Dr. Wilson-Delfosse cited Protein Biochemistry as occurring during the first week of Block 2. Learning is happening in additional areas than those listed on the eCurriculum. Dr. Wilson-Delfosse believes that we have to run through the actual curriculum before we can really accurately map it.

5. **Clinical Curriculum Update**

**Dr. Dan Wolpaw** provided a third year update. We are entering the second 16-week clerkship blocks. We benefited from the first 16-week block experience and subsequently made some changes. More changes will likely occur in spring with
additional lead time. Work on the Advanced Cores is progressing. Students can look at various site plans before they make their choices in June. Current second year students may begin their clerkships as early as March 2007. An explanatory class meeting will take place December 6. The “Friday afternoon” curriculum has undergone some modifications based on student feedback. Formal feedback will be forthcoming, as all students were required to complete end-of-block surveys prior to sitting for the NBME Progress Test.

Dr. Ornt thanked Dr. Wolpaw for all his efforts in developing a pre-defined clinical curriculum that every student experiences in some kind of didactic context across sites.

Dr. Montgomery raised the matter of assessment and grading.

Dr. Altose mentioned that he is a ward attending and no one has told him his responsibilities towards the students.

Dr. Wolpaw replied that one of the challenges is reaching all faculty. There have been departmental and one-on-one sessions, but more faculty development is needed.

Dr. Ornt added that some students have ignored their log responsibilities. This is an LCME mandate; it did not originate with us.

Dr. Altose inquired who is responsible for making sure that the students know what they need to do. While Dr. Wilson-Delfosse felt that the students are already aware of what they need to do, Dr. Altose made the distinction between awareness and compliance.

As a clerkship director, Dr. Jason Chao has noted the need for a system in place at the School of Medicine notifying clerkship directors by e-mail of students who have submitted a less than standard number of logs. He does not have the time to weed out which students have fallen behind.

Dr. Wolpaw reported that the system reports are very easy to use and many clerkship directors and administrators are currently utilizing this function without difficulty.

Dr. Altose encouraged Dr. Wolpaw to continue to work with clerkship directors to further strengthen the process.

6. Basic Science Curriculum Council Update

Dr. Amy Wilson-Delfosse, Basic Science Curriculum Council Chair, explained that the remaining subject committee chairs are transitioning into the block leaders’ meetings held every other Monday. Students in the Class of 2009 (current second year students) are to be commended. They have been performing as well as past classes despite a curriculum truncated to include the research block and frequent exposure to complaints from faculty frustrated over shortened contact hours.
7. **Flexible Program Update**  
**Dr. Kent Smith**, Flexible Program Coordinator, announced that at the next CME meeting, he and the Registrar, Mr. Joe Corrao, will discuss the **required 72-week minimum of clinical courses**. Between 80 and 90 students enrolled in **Type A electives** during Period 1, which has been completed. **Type B electives** are going smoothly.

8. **Update on the Status of Academic Computing**  
**Dr. Wendy Shapiro**, Director of Instructional Technology and Academic Computing, was pleased to mention that today’s **Block 2 SSEQ exams** worked successfully. The “sluggish” server was due to many students accessing the server simultaneously. This will be alleviated as we transition to Active Directory housed on a new server. In order to maintain a secure environment, all students must take their exams on PCs. We are not able to secure the Macintosh environment. We do have enough PC laptops, however, to loan to students with Macs.

Dr. Shapiro inquired if Cleveland Clinic’s programmers need additional help with the **clerkship assessment system**. Dr. Wolpaw replied that Dr. Irene Medvedev has already worked with the College IT staff to formulate assessment reports for the Clerkship Directors.

Ms. Megan Linos of **Faculty Support** has created a hard copy **Quick Start Guide** for IQ Group facilitators. Via text and pictures, the guide provides simple step-by-step directions how to:
- Access the Year I eCurriculum
- Solve login problems
- Obtain an eCurriculum account (**School of Medicine password** for Year I eCurriculum, **not** the Case Network password)
- Access the SEQ area
- Download VPN to view resources
- Access Blackboard
- Use Blackboard communication tools
- Activate an existing Case Network Account OR Request a new Case Network Account
- Forward Case e-mail to another e-mail account

9. **Health Sciences Library Update**  
**Mrs. Virginia Saha**, Director of the Cleveland Health Sciences Library, recently returned from a joint meeting of the AAMC (Association of American Medical Colleges) and HSL (Health Sciences Library), where Jim Collins, author of the best seller **From Good to Great: Why Some Companies Make the Leap ... And Others Don’t**, was the engaging keynote speaker. Mrs. Saha alluded to a quote Mr. Collins used but did not originate that addresses reactions toward the new curriculum: “If you don’t like change, you’re not going to like being irrelevant.”

Mrs. Saha and her staff are currently compiling a **list—specific to each Case-affiliated institution—of all the databases to which students have access**. As mentioned at previous meetings, our students no longer have remote access to **UpToDate**. Mrs. Saha checked with the College and discovered that the Cleveland Clinic has never had remote access to **UpToDate**.
either. Mrs. Saha mentioned that this guide will include *Case, the College, University Hospitals, MetroHealth Medical Center, and the VA, and will indicate which portal or VPN authentication is needed for each site’s resources.* The hoped-for outcome: She will be able to negotiate smarter site licenses and reduce barriers to accessing resources. Everything in the new curriculum contains links to the electronic journals. Since Year I students are constantly electronically searching for resources, they have pinpointed for Mrs. Saha where barriers exist. Mrs. Saha is satisfied that we are “on the right track” in pointing students to the primary resources. In response to an inquiry whether there are some students needing additional instruction, Mrs. Saha replied that no one showed for an optional one-time only Thursday morning session offered in Block 1 but that the Health Sciences Library is happy to offer group or individual training at any time.

The meeting concluded as Dr. Ornt remarked that there are many applicants in our halls and urged the CME to hear from the Department of Admissions.