

November 10, 2005 CME Minutes

1. Minutes of October 27, 2005

Acting Chair Dr. Dan Wolpaw mentioned that new plans for the Advanced Core originating in a meeting held subsequent to Dr. Binder's overview at the last CME meeting will be presented to the CME at a future meeting.

2. Student CME Report

Mr. Brandon Maughan, Year I student representative, mentioned that many of his classmates from the Class of 2009 signed up to take Type A electives in the now voluntary program.

3. Flexible Program Council Update

Dr. Kent Smith, Flexible Program Coordinator, thanked Mr. Maughan and Mr. Ethan Lea (Year II student) for speaking to the Class of 2009 about the **Type A elective program**. Dr. Smith reported that 35 students have signed up for Type A electives, which are no longer required. Electives popular with the students drawing four to five students each include: Introduction to Emergency Medicine, Radiation Oncology, Classic Cases in Cardiology, and International Health Seminar. The following is a distribution list of specific electives chosen:

# of Yr I Students Enrolled	Title of Elective
1.....	Introduction to Pain Management
2.....	Basics of Critical Care Medicine
4.....	Classic Cases in Cardiology
1.....	Preceptorship in Clinical Dermatology
1.....	Spinal Cord Injury
5.....	Introduction to Emergency Medicine
1.....	Independent Study in Epidemiology & Biostatistics
2.....	Health Disparities/Inequalities
2.....	Differential Diagnosis in Family Medicine
2.....	International Health Practice
4.....	International Health Seminar
4.....	Clinical Practicum in Family Medicine
1.....	Clinical Program in Neuroscience
5.....	Radiation Oncology
Total=35 students	

In response to a question, Dr. Smith replied that some electives will be sponsored even if only one student enrolls. Dr. Dan Wolpaw, in his capacity as co-director of the Clinical Mastery program, added that five Year I students also expressed interest when surveyed about enrolling in the elective obstetric experience that enables the student to follow a pregnant patient. Students have not yet been formally assigned to patients.

Later in the meeting, Dr. Smith mentioned that the **Type B elective program** is going well, with students meeting their requirements and enjoying the offerings. Dr. Smith noted that two Case medical students, one after her second year and one after his fourth year, are participating in the Howard Hughes Cloisters Program. Only 40 students in the country are accepted!

4. **Proposal for the Balance of Clinical and Research Electives**

Dr. Terry Wolpaw, Associate Dean for Curricular Affairs, presented a proposal for the balance of clinical and research electives, intended to provide students with more *flexibility*. To meet licensing requirements, students must have a minimum of 72 weeks of clinical activities. While the proposal applies to *all* students—University, College, and M.S.T.P. (Medical Scientist Training Program) students—the MSTP students in particular need increased flexibility. The **new proposal would start with this year’s graduating class** and allow students once they fulfill the 72-week clinical activity requirement to use extra weeks for either clinical or research according to their individual preference.

Dr. Fishleder moved to approve the proposal as worded below.

Dr. Jason Chao seconded the motion.

The proposal was **approved unanimously**.

PROPOSAL: Balance of Clinical and Research Electives

Students graduating from Case School of Medicine programs—University, College, and MSTP—must have a **minimum of 72 weeks of clinical courses**. The 72 weeks may include the following:

- **Equivalent of 2–6 weeks of *pre-clerkship longitudinal preceptorships* or MSTP tutorials in a clinical setting with *direct patient contact*.**¹
- **48 weeks of core clinical rotations**
- **18–22 weeks of *clinical courses* (electives, selectives, or advanced clinical requirements)**

Once the 72 weeks of clinical courses have been met, the **remainder** of electives/selectives required for graduation may be **either clinical or research-focused**.

¹ Longitudinal experiences can be used to meet the requirements, based on the following **conversion: ten half-days** of longitudinal experiences in a clinical setting with direct patient contact will be **equivalent to one week** of clinical coursework.

Dr. Dan Wolpaw added that he is engaged in ongoing discussions with the California licensure board regarding clinical experiences.

5. Curriculum Renewal

There were no major updates since the last CME meeting pertaining to the Basic Science Curriculum Council. Faculty and students are urged to attend the **December 7 New Curriculum Update Town Hall Meeting** for an overview of the entire curriculum. **Note new date.** While everything is still in draft form, the town hall meeting serves as an opportunity to see the interrelationship of content areas and how components are laid out. Extensive input and ideas from all constituents are sought in continuing further development of the curriculum.

Dr. David Katz posed questions with regard to **1) process**, and **2) the degree of autonomy in block development**. The response that follows from Drs. Wilson-Delfosse, Dan and Terry Wolpaw raised two main points: **1) Curriculum development has not yet reached the level of detail sought by Dr. Katz, and 2) Design teams must work within the principles and features already approved by Faculty Council (February 28, 2005) for the new curriculum with the goal of creating a four-year curriculum that is developmental, cohesive, and integrated rather than many individual silos.**

Dr. Katz noted that many changes have been introduced. **What has been mandated and what is still open for discussion? For items still open to discussion, what is the process to decide whether or not they become incorporated into the new curriculum?** Dr. Katz wished to pursue two examples: the extent of PBL use in pre-clerkship curriculum small groups and the assessment of students in the new curriculum.

Dr. Wilson-Delfosse replied that while discussions are taking place about running small groups, specifics have not yet been discussed. She explained that there has never been any statement indicating that we will have a PBL medical school.

Dr. Katz's inquired: **"Are design teams free to come up with whatever small group format they want?"**

Dr. Terry Wolpaw replied that the new curriculum format must be consistent with the **principles and guidelines** already approved by Faculty Council. (See CME Web site: <http://mediswww.cwru.edu/som/cme/pastminutes.html> Select 1/27/05. Click on "Case School of Medicine and Health Guiding Principles and Key Features of the New Curriculum.") Dr. Wolpaw described the design teams' new curriculum design efforts as an **"iterative process,"** where design teams are learning and working together to develop methods that best facilitate student learning, retention, and transfer of concepts to other contexts. **Design teams are working together to design teaching/learning methods.**

Dr. Wilson-Delfosse voiced concern for seeing to it that what one block decides supports what follows. While blocks will not have identical design, they have a responsibility to maintain consistent principles.

Dr. Katz asked, “**Is the design team free to work within the principles as they see fit?**”

Dr. Terry Wolpaw replied, “**Everyone needs to create a piece that fits in with a logically integrated whole.**” Block leaders have been meeting every other week to share ideas and further the planning process as a team.

Dr. Katz questioned whether design teams were “developing a *common* format.”

Both Drs. Wolpaw and Wilson-Delfosse felt that the design teams were developing curriculum “*consistent* with the principles.”

Dr. Dan Wolpaw expressed that what has been established to date for small group teaching includes: 1) the principles and guidelines mentioned above, 2) small groups set tentatively at about 8 students, and 3) that small groups will meet three times a week for a total of about 6 hours. He felt that the level of detail that Dr. Katz is asking about has not yet been addressed. Small groups should be interactive and provide a forum that facilitates discussion.

Discussants clarified the term “*non-expert*” facilitators for small groups. Non-expert facilitators are in fact knowledgeable faculty who do not have specialty training in the area being studied. For practical concerns, it would be difficult to assemble 17 specialty-trained preceptors to facilitate small groups. Many programs that use small group learning blend experts and non-expert facilitators. All facilitators receive faculty development and meet weekly with course directors to review the goals for the cases to be discussed.

Dr. Robert Haynie inquired as to whether the block leaders discuss the curriculum among themselves. In his view, the blocks cannot be separate from each other. Material needs to be “cross-taught.” Dr. Haynie cited the need for a “transition zone” from one block to another. Dr. Terry Wolpaw referred to this as “zippering.” Representatives from the different blocks have already indicated interest in laying the foundation for what comes later in the curriculum.

Dr. Katz requested clarification as to whether faculty should be coming up with “**best practices**” for their block and then transform these into guidelines.

Dr. Dan Wolpaw replied that the best practices should be and will be discussed. He anticipates **variations and nuances** in best practices **as long as they are consistent with agreed-upon principles and learning objectives**. As for **assessment**, the following are the main principles established to date:

1. Assessment should *enable learning*.
2. There should be *frequent, formative* assessment.
3. A decision is needed as to *where* to put in the *summative* assessment markers so as to best help the students learn.

Dr. Katz sought clarification for the **role of the CME** in deciding matters such as assessment and small group format.

Dr. Terry Wolpaw replied that the CME focuses on **policy** as opposed to operations. She suggested that the actual methods used in small groups for each of the blocks would be under the operations category. Overall policy and principles for student assessment would be presented to the CME. Dr. John Mieyal and Dr. Klara Papp are co-leading a committee to develop the overall approach to student assessment.

Dr. Dan Wolpaw mentioned that the **December 7 Curriculum Update Retreat** (note **new date**) seeks faculty input. A significant number of faculty will be involved in carrying out the new curriculum, and their voices need to be heard. Dr. Wolpaw highlighted projects for the pre-clinical and clinical curricula:

- An end-of-Year II OSCE is in planning for both the College and University Program students 1) to assess where the students are at this stage of their education, and 2) to point them in the direction they need to go.
- A group of third and fourth year students has been assembled to provide input for a “bridge” program to prepare students for the clerkships.
- A design leader meeting for the clerkships is taking place immediately following the CME meeting.
- A Program Evaluation group is deciding how to measure the impact of the new curriculum in terms of whether or not it achieves its goals and objectives. The group’s head, Dr. Klara Papp, will go to the IRB (Institutional Review Board) shortly.

Dr. Wolpaw mentioned that Dr. Papp replaces Dr. Marcia Wile as the Executive Chief Proctor for the NBME.

6. CCLCM Curriculum Steering Council Update

Dr. Andrew Fishleder, Cleveland Clinic Lerner College of Medicine Curriculum Steering Council Chair, highlighted the **Neural & Musculoskeletal Sciences Course** report presented to the Curriculum Steering Council. This seven-week Year I course covers a great deal of complex material and continues in the second year. Feedback was highly variable. The following earned **strong** marks: highly approachable, responsive faculty, PBL sessions and PBL tutors, Anatomy Labs and Anatomy Lab instructors, Histology sessions, concept appraisals (emphasize core concepts to promote student learning), and Process of Discovery speakers. Students cited the following, however, as **needing significant improvement**: integration and cohesion of course, seminars and seminar facilitators, labs and lab instructors, and weekly self-assessment questions. Based on student feedback and direct faculty observation, some major changes were recommended and approved to improve course structure through better integration of topics, reorganization of weekly theme sequence, incorporation of frequent overviews, and redesign of several seminars.

When asked about teaching formats for the College Program, Dr. Fishleder referred to a few informal guidelines: no lectures, all interactive sessions, small groups of 8 to 16

students (the larger number can be used with expert faculty facilitators), and use of different models in seminars.

Dr. Katz, a past Nervous System Committee chair for the University Program, volunteered to work with the Neural & Musculoskeletal Sciences Course leadership. The Nervous System Committee for the University Program has developed specific approaches for addressing the kinds of issues identified by the College Program students, i.e., integration of complex topics and understanding the “big picture,” which are common challenges in Neuroscience curricula. He has received feedback from both the Neurology clerkship leadership and the NSC students over the years that support the effectiveness of these approaches. Dr. Fishleder will communicate this offer to Dr. Imad Najm, one of the course directors.

7. **Update from the Office of Curricular Affairs**

Dr. Terry Wolpaw, Associate Dean for the Office of Curricular Affairs, recently met with Case’s Instructional Technology and Academic Computing (ITAC) team. She was very impressed with the **new Pachyderm software**, a multi-media platform for organizing materials and clinical cases, offered *free* to everyone by the university. Pachyderm is a user-friendly set of templates helpful in building cases or modules. Dr. Wolpaw is hoping that we will pilot a case or two or a module for independent student learning on Pachyderm by the spring.

Dr. Wolpaw mentioned that Dean Horwitz has approved **financial support** for faculty engaging in **presentations at education meetings**. Modest support is available for presenting papers and posters and for conducting workshops.

8. **Contemporary Educational Themes Update**

Dr. Terry Wolpaw and Dr. Kent Smith highlighted themes from the 13 School Consortium raised at the recent AAMC (Association of American Medical Colleges) meeting, where the group working on Learning Communities met with Michael Whitcomb, M.D., editor of *Academic Medicine*. From the 13 School meeting, Dr. Smith recalled “**best practices**” discussions. Several of the consortium schools have instituted “**learning communities**,” or societies. Many of the 13 schools are building or have built **new education buildings**. All are engaged in some stage of **curriculum revision**. Dr. Smith noticed much attention focused on **professionalism**. And, finally, there is a great deal of discussion about doing **criminal background checks on entering students**. At this stage, there is no uniformity among schools with regard to background check practices.

Dr. Terry Wolpaw continued by mentioning other common themes of the “**Information Technology Age**”: “open access”—presenting some of the content online rather than in the classroom and video streaming of lectures. Nearly all the schools commented that students do not attend lectures. Moving some content delivery out of the classroom was a common consideration. Many schools are reducing the length of the basic science curriculum. With reduced class hours, there will be an increased demand for digital materials to enhance independent student learning. Most schools are also introducing

scholarship components into their curriculum. Schools are consistently **lengthening the fourth year** and **shortening the first two years**.

Dr. Dan Wolpaw added that Case has entered into a collaboration with the National Board of Medical Examiners to look into the application of progressive formative testing and 360 degree professionalism tools in medical education.

Dr. Fishleder mentioned that last week's Clinic retreat on assessment and portfolios featured three consultants: **Dr. David Leach**, Executive Director of the Accreditation Council for Graduate Medical Education (ACGME), **Dr. Robert Galbraith**, co-director of the Center for Innovation at the National Board of Medical Examiners, and **Dr. Margery Davis**, Director of the Centre of Medical Education at the University of Dundee. Dr. Leach spoke about the use of portfolios to document competency in residency. The first half of the retreat was hands-on working with portfolios. Evaluations of the program by attendees were very positive.

Dr. Dan Wolpaw mentioned a phone conversation with **Dr. Eric Holmboe**, Vice President for Evaluation Research for the American Board of Internal Medicine, concerning the increasing attention of the ABIM and other governing agencies to the use of portfolios in the assessment of required competencies.

Both Drs. Wolpaw and Smith commended the Cleveland Clinic retreat as having done a great job presenting their e-Portfolio system.

In response to a question about Case's building plans, Dr. Dan Wolpaw mentioned that they are on hold for at least a year. While initial planning is completed, an architect has not yet been hired. Dr. Terry Wolpaw mentioned that the Dean has been approached regarding the need for small group space and that he is assessing the availability of rooms. The amount of small group rooms currently available on the third and fourth floors is not sufficient for new Year I students and continuing Year II students.