

## December 14, 2006 CME Minutes

### 1. Comments from the Chair

**Dr. Murray Altose**, CME Chair, referred to the **November 9 minutes**, where some discussants expressed concern over the possible omission of pertinent basic science components in the new curriculum. Follow-up remarks at today's meeting advised waiting until the end of Block 3 before judging its content. Dr. Altose suggested preparing a comprehensive index at that time. The November 9 minutes were **approved as distributed**.

Mr. Brandon Maughan, Year II student representative, lauded the Health Sciences Library initiative to compile a list of all the databases accessible to students specific to each Case-affiliated institution. He noted that the current first year class, where students are expected to consult multiple primary resources, will find this particularly valuable.

### 2. Clarification of the Clinical Elective Requirement

For the purpose of clarification, **Dr. Kent Smith**, Flexible Program Coordinator, revisited the proposal passed by the CME November 10, 2005, that went into effect with the graduating class of 2006, requiring students of all Case School of Medicine programs—University, College, and M.S.T.P.—to have a **minimum of 72 weeks of clinical courses to graduate**. Today's presentation was meant to clarify the requirements by including **“total” weeks** as well as **“clinical” weeks** and listing the specific components for the Classes of 2008 and 2009, respectively. Graduation requirements for both classes include 72 clinical weeks out of 85 total weeks. **The combined table follows on the next page**. For ease in comparing and efficient use of space, the two separate tables submitted by Mr. Joseph Corrao, Dr. Ornt, Dr. Smith, and Dr. D. Wolpaw have been combined into one table with color coding to differentiate between the breakdown for the Classes of 2008 and 2009.

Dr. Altose mentioned that there is a **built-in cushion of 8 or 9 weeks** to compensate should a student choose an unusual Area of Concentration configuration, for example.

Mr. Maughan mentioned that his second year classmates need to find out more about the **Area of Concentration**. Dr. Dan Wolpaw responded that such a meeting is in the works. He is in the process of clarifying language to explain the Area of Concentration.

Dr. Altose described the Area of Concentration (AoC) as offering 12 weeks of inter-related experiences bridging the clinical and basic sciences. Its purpose is to afford each student the opportunity to develop an acquired expertise in a limited area of one's own choice.

Dr. Ornt added the AoC offers the opportunity for students to “dive back into” basic science. In answer to a discussant's question, Dr. Ornt clarified that the Area of Concentration can certainly be done in a clinical department, but it must contain a basic

science component. Dr. Kikano requested that more about this activity be communicated to the department chairs.

Dr. Altose presented some sample areas appropriate for the Area of Concentration: pathology; microbiology; electrophysiology; biochemistry/endocrinology; cell biology/hematology/oncology; bioethics; and research design.

Dr. Frank reminded that Epidemiology/Biostatistics qualifies as a basic science.

Dr. Altose emphasized that **the Area of Concentration is by design 1) flexible and open, and 2) geared to the interests of the individual students.**

Dr. Dan Wolpaw added that Case intentionally did not set a fixed group of themes for the Area of Concentration. Dr. Ornt also emphasized the desire not to limit the student in his/her choice. He acknowledged, however, that we can suggest some choices. Dr. Wolpaw added that a student's Area of Concentration plan has to be approved by a member of the faculty.

### Graduation Requirements

Component	Class of 2008			Class of 2009		
	Weeks	Clinical Weeks/ Total Weeks	Total Weeks	Weeks	Clinical Weeks/ Total Weeks	Total Weeks
Foundations in Clinical Medicine	1 week	1 week	1 week	2 weeks	2 weeks	2 weeks
Bridge Week	1 week	--	2 weeks	1 week	--	3 weeks
Core Clerkships (Including Advanced Cores)	48 weeks	48 wks/49 wks	50 weeks	48 weeks	48 wks/50 wks	51 weeks
Area of Concentration Electives	12 weeks	8 wks/57 wks	62 weeks	12 weeks	8 wks/58 wks	63 weeks
AI's (Acting Internships)	8 weeks	8 wks/65 wks	70 weeks	8 weeks	8 wks/66 wks	71 weeks
Clinical Electives	8 weeks	8 wks/ 73 (72)* wks	78 weeks	6 weeks	6 wks/72 wks	77 weeks
Other Electives	8 weeks	--	86 weeks	8 weeks	--	85 weeks

\*72 weeks actually required

Basic requirements – 72 clinical weeks, 85 total weeks

### 3. **New Curriculum Initiative at the *School of Dental Medicine***

**Dr. Michael Landers** of the School of Dental Medicine has been a regular guest at CME meetings even prior to the onset of the new curriculum initiative at the dental school. At today's meeting, his colleague, **Marsha Pyle, D.D.S., M.Ed., Associate Dean for Education at the School of Dental Medicine**, provided an update on their new curriculum, revealing many experiences common to the School of Medicine curriculum revision as well.

The School of Dental Medicine spent **three years planning** its new **R.E.A.L. Curriculum**. R.E.A.L. represents **“Relevant, Experiential, Active Learning.”** **Implementation** of the new curriculum at the dental school takes place **one year at a time**. **Fall 2006 marked a new curriculum for the 70 incoming first year students**. Second, third, and fourth year students remain in the old curriculum. The old curriculum is department- and discipline-based, while the new curriculum integrates organ systems categories based on health and disease. In the R.E.A.L. Curriculum, the same four **themes** are covered as blocks in each of the four years: 1) Health & Well-being, 2) Disease Processes, 3) Restoration of Health, and 4) Maintenance of Health. Two **threads** are also vertically integrated into the four years: 1) Leadership, and 2) Inquiry.

**Three new courses** in Problem-Based Learning (PBL) format with associated lectures were introduced: 1) Health Science & Society (health care issues, the role of the health care professional, and epidemiology & biostatistics); 2) Foundations of Life Sciences (basic building blocks of life and function); and 3) Heart & Lungs in Health and Disease (anatomy of heart and lungs; physiology of cardiac and respiratory function in both health and disease states). The new curriculum features some small group learning, mainly in PBL format. The dental school uses a **“hybrid”** curriculum, with about 15% of the curriculum in PBL format, all in the first two years, since dental students have a tremendous amount of clinical hours during their third and fourth years. Similar to the School of Medicine Western Reserve<sub>2</sub> curriculum, first year dental students are in class two hours three times a week for the PBL sessions and associated lectures. All afternoons at the dental school, however, are spent in the lab, which is dedicated to clinical skills, clinical simulation, etc. First year students will see their first patient onsite this January.

Certain components have **remained the same** in the new first year curriculum, such as **Dental Anatomy and preclinical laboratory** activities. Much effort, **however**, has gone into trying **to decompress the curriculum**. There are **now three half-days of independent study**, where students have no obligation to be physically at school. As most entering dental students have no prior dental experience, they begin by using **virtual reality simulators**. The **DentiSim** experience has been retained. The **ACEs (“A Cornerstone Experience”)** program begins with **the Outreach Preventive Dentistry program**, the basis of the community experience. Only one activity has taken the dental students into the community so far this year: the application of sealants. ACEs are active learning experiences that students have a concise amount of curriculum built around, have experiences that are anticipated, and define “aha” moments of deep learning because of their intensity and timing. Other ACEs are being developed around “Knowing

the Patient,” “Family Risk Assessment,” “Interdisciplinary Care of an Aging Population,” and a research experience. A second community activity is planned to start in January. The second ACE is about patient interaction skills and physical evaluation (“Knowing the Patient”). It will involve use of the Mount Sinai Simulation Center and interviewing standardized patients.

The following discipline-based stand-alone courses have been eliminated and integrated into PBL instead: Biochemistry, Physiology, Gross Anatomy, and Histology.

The traditional grading system using A, B, C, D, and F that fostered intense competition among students has been replaced by a **new “Pass/No Pass” grading system** for all courses, beginning with the Class of 2010. The new curriculum encourages the student to focus on independent study in order to be the best that he/she can be and to compete with him/herself rather than peers. Dr. Pyle explained that while there is no ranking, she is still able to track student progress. For example, she can proactively identify the lowest scoring 20% of students in each course who are at risk of not passing the final exam. These scores do not appear on the student’s transcript. If a student receives a grade of “No Pass,” the faculty member designs a remediation plan. All students’ progress is monitored by the Student Standing & Promotion Committee. A current challenge is designing a strong advising system. Dr. Pyle remarked that she finds the Society Deans network at the School of Medicine very impressive.

Dr. Pyle brought up the **licensure** boards, which consist of multiple-choice questions. These questions are data-specific and not synthesis in nature. While the School of Dental Medicine does not want to teach to the Boards, it still recognizes its obligation to prepare the students for licensure. **Assessment** takes the form of one *summative* test at the end of a unit and *formative* weekly quizzes, periodic tests, and concept mapping; evaluation by both peers and facilitators during PBL sessions with regard to process and a determination of meeting criteria for “good citizen” status (PBL assessment includes *formative and summative* evaluation as well as content and process evaluation); and the *summative* end-of-semester Comprehensive Assessment Week testing consisting of 200 multiple-choice-format questions. Students must pass all components of the comprehensive exam to advance to the next semester. Those failing must remediate prior to the next term. While this was the intention, it turned out that students failing the comprehensive exam also had other course failures that required remediation.

Dr. Pyle tried to summarize what the new dental school curriculum does best and what needs more work. She felt that the following are definite **strengths: 1) active learning, and 2) integrating the curriculum. Improvement is needed in decompressing the curriculum.** Talking faster is *not* the solution! The design of the new curriculum was based on answering this question: What does the dentist of 2010 need to know? The **outcome** assessment will consist of measuring the student’s **critical abilities, the ability to use evidence to make decisions.** Dr. Pyle explained that rather than focus on individual licensure exam scores for the National Board Dental Examination I and II (NBDE I, NBDE II), she is interested in whether the Case dental students do better than the national pass rate. U.S. dental schools are doing a good job of preparing their

students. Comparison of averages among dental schools is not particularly useful as performance is very similar.

Dr. Pyle took questions from discussants. Some remarks have already been incorporated into the minutes where related to points in the presentation. When asked about short answer essay, Dr. Pyle responded that students need more work on **reflective writing**. However, the reality is that this takes significant time to grade.

While there is no requirement for **scholarship** in dentistry, a grant will be submitted for research projects. Approximately one-quarter of Case dental students do **research voluntarily** during the summer session between the first and second years.

With respect to easing student anxiety and furthering **communication**, open forums and lunchtime meetings take place for discussion with students.

Dr. Pyle mentioned **technology**. New this year is the **VitalSource eBookshelf**. To accommodate those students unhappy with the electronic format, a set of textbooks was ordered for the library. There is no printing budget. Students pay for all their copies. Students can print off the electronic bookshelf. **Tablet PCs** were ordered through the dental school for all first year new curriculum students. This unexpectedly necessitated providing technical support, which proved to be quite an undertaking. Next year the dental school may send out specifications to students and let them order their own computer. Students are required to have the electronic bookshelf and a tablet pc. It is necessary to have access to content resources in order to accommodate this type of curriculum. The costs of these items are incorporated into the student's financial aid package.

Responding to a question about small group **attendance**, Dr. Pyle mentioned that since the small groups are required, students are expected to be present and to come prepared. Attendance is a part of PBL process evaluation. Dr. Pyle personally has always required attendance in her classes from the old curriculum.

In recognition of the obligation to prepare students for NBDE I (the first dental licensure exam), a **Kaplan review course** has been incorporated into the curriculum. While it may not be necessary, Dr. Pyle acknowledged that the dental school is changing faster than the National Board. Kaplan is brought onsite. The fee is built into the tuition. Dr. Pyle estimated that the Kaplan review course has succeeded in improving scores of students in the lowest rung by about 5 points. It was just offered in December for second year students. It consisted of one week of live lectures plus a Q-bank and board type practice exams. When asked if the NBDE score is criteria for selection in specialty residency as in medicine, Dr. Pyle explained that post-doctoral programs utilize board scores in their selection process, although that is not the intention of the examination itself. Slightly more than half of graduate dentists start their practice immediately.

Dr. Altose added that the School of Medicine also focuses on teaching to our own curriculum first but feels an obligation to ensure that our students will be successful on the boards.

Asked about **foreign-degreed students**, Dr. Pyle explained that they can take the bench test (clinical) and if they meet criteria, they can do the last two years of our curriculum to receive a D.M.D. from Case. At least two to three students every year enter the dental school in the third year.

There is a **new dentist/physician joint degree, the D.M.D./M.D.**, offered by the dental and medical schools. One applicant has already been accepted and another will interview in January.

Dr. Pyle suggested additional **areas for collaboration** between the School of Dental Medicine and the School of Medicine and Health, such as **Communication Skills**, which includes both interpersonal and interviewing skills. Dr. Kent Smith mentioned that the School of Medicine currently admits three dental students a year for the **maxillofacial (oral surgery) program**. Dr. Wilson-Delfosse felt that there is opportunity for collaboration in **pharmacology's planned online model for therapeutic agents**. She mentioned that grants are available for inter-school collaboration. Dr. Frank added that the area of **public health and dentistry** has been the subject of ongoing discussions.

Dr. Pyle concluded her presentation by candidly mentioning the **challenges** encountered. The **same handful of people** remains responsible for making curricular changes happen. **Trying to do something never before done** requires patience until a learning curve can develop. The perceived lack of support from some **resistant faculty** can be very frustrating, particularly since **their content expertise is valued** and they would be welcomed into this process. **Getting facilities ready on time** has been a major challenge. Dr. Pyle referred to the office staff motto: "One week/day ahead of the students!" **People not meeting their deadlines** impact the work of others who depend on them.

Dr. Pyle believes that spending such a significant amount of time in process preparation and in obtaining faculty input and support for the changes all along the way contributed to the success of the new curriculum.

Dr. Altose thanked Dr. Pyle for a terrific presentation that he described as "helpful" and "encouraging" and an inducement to "opening the door for closer communication and more interaction" between the School of Medicine and Health and the School of Dental Medicine.

#### 4. **Medical Student Recruiting Update**

**Mr. Christian Essman**, Director of Admissions, began his medical student recruiting update by giving examples designed to **enhance visibility of the Case School of Medicine, to inform, and to cultivate interest**: a revised **Viewbook**; a redesigned **Admissions Website** (<http://casemed.case.edu/admissions/>) thanks to Ms. Aisha Bhatti

that focuses on the students; **Second Look Weekend**, which takes place this academic year March 23-25, 2007; and **increased student involvement**, as our students are the best “sales” people. Mr. Essman compiled an online list of **Summer Research Opportunities in Cleveland** that students can access from anywhere. Elements of **Student Life**, such as organizations, the advising system, and Doc Opera are easily accessed from the Website’s home page. Recently, a DVD player has been installed in the Office of Admissions with copies of Doc Opera performances for the last two years. Curriculum information for the School of Medicine’s three programs (University, College, and Medical Scientist Training Program) and for Dual Degrees is easily accessible from the home page. Year II student representative, Mr. Brandon Maughan emphasized that the Admissions Website conveys the personality of the Case School of Medicine; it is particularly important for students who have never seen the School. Mr. Essman mentioned that Second Look Weekend is now in its third year. It gives students deciding between Case and other acceptance offers the opportunity to see our school in a more comfortable, casual way.

Mr. Essman stressed how influential our students are when it comes to “selling” the medical school. The CME’s own Brandon Maughan is one of the co-chairs of the **Student Committee on Admissions (SCA)**, which is an invaluable recruiting tool. This group coordinates and conducts all student interviews (approximately 800-900 applicants are interviewed out of over 5,000 applications), provides both post-interview contact and post-acceptance contact, handles first year interactions on interview day, oversees student hosting, and answers questions from accepted students looking for roommates via the online CaseMed Student Forum. In response to a member’s suggestion that the percentage of Case students successfully matching their first choice be added to the Website, Mr. Essman explained that one can currently access last year’s Match List with the actual student names removed.

Mr. Essman provided some background on **Outreach to Pre-Med Advisors**, a program in which Dr. Al Kirby was very active. Many pre-med advisors are now retiring, and there is a need to create a new network. Dr. Ornt encouraged involving faculty who have maintained a good relationship with their undergraduate college. Mr. Essman and Dr. Mehta are planning to attend the national conference of all pre-med advisers, which takes place every two years.

Mr. Essman listed activities that he and the Office of Admissions are responsible for: responding to all inquiries about the School, application process, etc.; maintaining the user-friendly iApply account system and 24-hour electronic notification; occasionally calling personally to notify of acceptance; putting accepted students in touch with SOM alumni in their area; using national data resources to help identify sources of top students; and making campus visits and attending recruiting events.

Mr. Essman visits different campuses. **Campus visits** take place in one day and consist of one-on-one appointments with undergraduate students. He has a meeting with the pre-med advisors and gives presentations about the Case School of Medicine. In addition, he attends **Medical/Health Professions Fairs**, where he sets up a table display and

maintains a log of students. The following staff represent the Case School of Medicine individually, not as a group, on these trips: Mr. Christian Essman, Dr. Lina Mehta, Ms. Donna McIlwain (M.S.T.P.), Mr. Joseph Williams (Minority Events), Ms. Liz Myers (College Program), and Dr. Alison Hall (Graduate School). The University Program lasts four years; the College Program is research-focused throughout all of its five years; and the Medical Scientist Training Program (M.S.T.P.) lasts eight years. In response to a discussant's question whether we are differentiating our curricula based on research, Dr. Ornt acknowledged that the intensity of the research varies among the programs. He acknowledged that we do compete with ourselves. Last year of the eight students offered dual acceptance at Case, seven chose the Lerner College of Medicine and one entered the University Program. Mr. Chris Utz, Year IV student representative, inquired whether Case brings students to the Fairs. Mr. Essman replied that a few students have been brought along; however, budgetary concerns sharply limit this type of activity. Mr. Essman has received invitations to return from every site that he visited from fall 2005 to fall 2006. He encounters good feedback about Case wherever he visits.

The current positive "buzz" about the new Western Reserve<sub>2</sub> curriculum prevails in conversations at fairs, post-interview correspondence, current student feedback, and the pre-med websites found on the Student Doctor Network: <http://www.studentdoctor.net/index.asp>. On this Website, students have the opportunity to post anonymously their experiences at interviews (Interview Feedback). The Class of 2011 Thread <http://forums.studentdoctor.net/showthread.php?t=341684> is created by students accepted by Case where they discuss different aspects of the school that might aid in their ultimate decision. Students use "non-identifying" monikers to preserve their anonymity. The Office of Admissions does, however, receive data in February from the AAMC indicating where students have been accepted. Mr. Maughan remarked that he met his current roommate on an equivalent thread two years ago. Mr. Essman receives many e-mails back from applicants. He explained that Case, like most schools, does not administer any surveys after applicants have interviewed here. However, we do survey students once they matriculate regarding their experience and correspondences with our office.

When asked what has been done to enhance the diversity of the student body, Mr. Essman replied that Mr. Joseph Williams goes to talk to minority students about Case. Case is one of the 12 sites offering summer medical programs for minorities. Dr. Robert Haynie added that there are multiple summer programs. The HCEM (Health Careers Enhancement Program for Minorities) program was renamed, applied for funding, and was refunded as SMDEP (Summer Medical/Dental Education Program). There are T35 grants to bring students back for research. Dr. Alison Hall is working on a post-graduate grant where recipients would spend one or two years in the lab. Mr. Essman replied that the data provided at the 13-School Consortium Meeting reported 12% minority in its applicant pool. The Case School of Medicine has a 12% minority enrollment in its first year class. Dr. Haynie added that despite lacking such incentives as size, finances, and sought-after location, the Case School of Medicine ranks 11<sup>th</sup> in graduating minority students. Where "minority" was previously linked to specific ethnic groups, such as Native American, Pacific Islander, African American, etc., its defining parameters have

now expanded, resulting in a significant loss of slots for African American students. Dr. Haynie describes this conduit to a medical school education as a “funnel” rather than a “pipeline,” resulting in stiff competition for a small number of minority student slots. Dr. Kikano remarked that the resident population, however, is much more diverse than five years ago.

Mr. Essman provided an **update on recruitment figures this year** as of December 13, 2006, by indicating number of applications, percentage increase since 2005, and number of slots available per program. The Case School of Medicine offers three different programs with a total of 185 student slots available.

**As of December 13, 2006**

<b>Case Program Name</b>	<b>No. of Student Slots Available</b>	<b>No. of Applications Received</b>	<b>% Increase in No. of Applications since '05</b>
<i>All SOM Programs combined</i>	185	5,912	11%
<i>University Program</i>	142	5,352	8%
<i>College Program</i>	32	1,239	15%
<i>M.S.T.P.</i>	11	337	24%

Mr. Essman concluded by giving examples of **how faculty can participate in the student recruitment effort**. Dr. Ornt echoed Mr. Essman’s call for more **faculty interviewers**. The number of faculty available on a given day determines how many students can be interviewed. Faculty interviewing of student applicants requires only two hours per week to see two students. Faculty can also be helpful in enlisting new faculty interviewers. During Second Look Weekend, faculty are needed to join the students in their “lunch with faculty.” Finally, faculty can provide valuable referrals as to prospective applicants and exceptional students.

Mr. Essman’s presentation today was very well received by discussants, who recommended that more faculty have the opportunity to hear it. Dr. Altose thanked Mr. Essman for his impressive presentation, noting the significant contributions and involvement of our own medical students in the recruiting effort. Mr. Maughan mentioned that he feels very fortunate to be part of an initiative that he so thoroughly enjoys. He also expressed his appreciation to current first year students who participated in a Question & Answer session on what the Case School of Medicine is like on a daily basis here.

**5. Upcoming CME Agenda Items**

**Dr. Altose** listed some upcoming agenda items for 2007: 1) Block 2 formal review, 2) Review of Basic Cores, and 3) Progress on the Advanced Cores.

6. **Closing Message for 2006**

Our thanks to those of you who were present for our December meeting, making it the best attended ever. We appreciate the contributions of guests Dr. Marsha Pyle and Mr. Christian Essman, who provided a breather from routine agenda items. By making time to share their own experiences with the CME, they brought us new insights and updated information that will be useful in considering future policy decisions and collaborative ventures for the new curriculum. Seasons Greetings to all and best wishes for a happy, healthy, productive 2007.



*Lois Kaye*  
Secretary to the CME