

December 8, 2005 CME Minutes

1. Comments from the Chair

Dr. Murray Altose was impressed by the high faculty/student turnout for last night's **Town Hall Meeting/New Curriculum Update Retreat**, where Dean Horwitz, Dr. Terry Wolpaw, Dr. Dan Wolpaw, Dr. Amy Wilson-Delfosse, and he described curriculum progress to date and the game plan for the remaining months before onset of the new curriculum in July 2006. The **poster display** submitted by all the vertical blocks comprising the Foundations of Medicine and Health, the Clinical Immersion component, and the Basic and Advanced Clinical Cores has been transferred to the **Student Lounge, room E430 of the School of Medicine** for several weeks in order for additional faculty/student viewing and feedback. **Within the next ten to twelve weeks, we need to determine what every hour of the curriculum is going to look like.** Remaining cases need to be written. The teaching format must be decided. Basic core clinical blocks need to be laid out in detail.

2. Basic Science Curriculum Council/Curriculum Renewal

Dr. Amy Wilson-Delfosse, Basic Science Curriculum Council Chair, mentioned that the Council will hold a meeting this Monday, December 12. While **faculty have been making sensible content reductions to conform to the shortened basic science year** to accommodate the research thesis requirement, **Year I students remain anxious** in their *perception* that they will be asked to **cover the same content in less time**. There is now a concerted effort on the part of the faculty to allay these anxieties, fears, and misunderstandings. Dr. Wilson-Delfosse noted the **need for better opportunities to communicate to the students what is happening**.

Dr. Wilson-Delfosse announced that the **Mastery Exam** will take place **in early January, to determine whether students who failed two subject committees during Semester I were successful in their remediation**. Passing the mastery exam "wipes the slate clean." Students who do not pass the exam go before the Committee on Students. Society deans work with remediating students on their study plan. Students begin by seeing a learning specialist on campus (now that Dr. Wile is retired) Tuesday afternoons. The society dean critiques the student's plan. Committee chairs voluntarily took on added work by also becoming involved in remediation. They meet with all identified students to talk with them about the exams, what the students have struggled with, and how to do better mastering the concepts. Dr. Wilson-Delfosse noted that while it is a *student-directed* plan, it is the society deans who guide and monitor it. Dr. Haynie pointed out that we never had students remediating in Year I before, since the Year I Comprehensive Examination acted as the gating mechanism. With implementation of the mastery exams, students now remediate in both the first and second years of the basic science curriculum.

Dr. Wilson-Delfosse commented on last night's successful, well-attended **new curriculum update retreat**. She commended the individual blocks' progress in developing *weekly themes*, as evidenced by the posters. The next phase is already underway: developing *strategies for each hour*. **Small groups consisting of eight students** will retain their same student composition throughout the entire block. **Guidance—not instruction**—for the interactive small group session will be provided by a well-trained **preceptor**. Medium- and large-group sessions will also occur during a given week.

Dr. Wilson-Delfosse perceives the following to be a major **challenge: the distribution of some of the non-organ-system-based sciences—such as biochemistry, pharmacology, cell physiology, and neuromuscular control—across blocks 2 through 6**. A block leaders meeting

for December 19 has been called to look into this integration challenge. There have been ongoing discussions about a “fundamentals block” as opposed to integration. Dr. Wilson-Delfosse, however, remains a strong proponent of integration.

Based on his own experience as a design co-leader for Block 3, Dr. Stephen Previs recommended first resolving what is going to be included in a given week. **Get the layout for the entire 12-week block. Many different things emerge during the designing process which can be sorted out after enough iterations of the first draft have occurred.** Once a first draft materializes, you can fill in the holes.

Dr. Wilson-Delfosse suggested approaching inclusion of the non-organ-system-based sciences in the curriculum with the following question: **Where does it make the most sense to teach this piece of it?**

Dr. Terry Wolpaw mentioned that the new curriculum includes longitudinal themes. Dr. Altose saw a role for keeping track of topics that need to unfold over time to be sure that something important—like a basic concept—has not slipped through the cracks. Dr. Altose would like to see a broad horizontal view of the curriculum. Dr. Wilson-Delfosse pointed to the existence of learning objectives for each of the blocks, and she noted that the learning objectives all have to fit some place. Design teams need to sprinkle them in where they belong. Dr. Wolpaw suggested finding a “champion” for each non-organ-system-based science. Dr. Wilson-Delfosse stated that all non-organ-system-based sciences were given homes in the blocks with the understanding that they would be “threaded.” Dr. Altose wanted to know: 1) Who is going to take charge of the threads? and 2) What the real curriculum will look like on paper so that we can see how to deal with the objectives of any particular hour in terms of small group, large group, etc.

3. Curriculum Renewal Continued/Clinical Curriculum

Dr. Jason Chao spoke for the **basic cores** at the **clerkship** level, when he inquired: 1) What will be included in the **Friday afternoon program-specific** (University program separate from College program) **sessions** held at the School of Medicine? 2) How much will be hospital-based? Clerkships do not want to duplicate what the medical school is doing in the Friday afternoon sessions.

Dr. Dan Wolpaw, Clinical Curriculum Council Chair, replied that the **University program Friday afternoon session** will include the opportunity for students to engage **learning objectives in basic science that all students should encounter**. Identification of this material must be a *collaborative* effort involving basic science and clinical faculty and derive from the learning objectives of the Foundations blocks. Dr. Altose added that the basic science blocks could also suggest **basic science issues that need to be re-emphasized**.

Dr. Altose would like to have an idea of what “Friday afternoon” is going to look like and suggested surveying the blocks to find out what is covered during third year and beyond.

Dr. Wilson-Delfosse mentioned how **Block 4 has developed a set of learning objectives that would benefit from being taught in a clinical setting**. She suggested that each block go through a similar process.

Discussants were impressed with the clinical immersion poster at last night’s retreat. Dr. Altose mentioned that the interactive clinical immersion was designed to promote a better understanding of basic science.

Dr. Dan Wolpaw added that topics such as professionalism [currently included in the CLICS (Contemporary Learning in Clinical Settings) small groups] may become part of Friday afternoons. **A working group will be convened to explore expectations for the Friday afternoon program.**

4. The Advanced Curriculum

Dr. Dan Wolpaw, Clinical Curriculum Council Chair, distributed a handout providing an **overview of the Advanced Curriculum** (Years III and IV). See document below for details of the Advanced Curriculum planning.

The Advanced Curriculum

Overview: Advanced Clinical and Scientific Studies			
Advanced Core	AI	AI	Electives
<ul style="list-style-type: none"> ▪ 16 weeks ▪ 4 required domains ▪ Non-contiguous rotations: 4 wks each 	4 wks	4 wks	28 weeks
Area of Concentration – 12 weeks total May include up to 4 weeks of clinical experience from Acting Internships if appropriately linked to the goal of the AOC			



Advanced Core Required Components

<u>Domain</u>	<u>Time</u>	<u>Comments</u>	<u>Patients</u>
Undifferentiated Care	4 wks	ER + Urgent Care	Adult/Peds
Chronic Disease Care	4 wks	Primarily outpt with possible inpt component Organ (Kidney, etc.), disease (DM, HIV, etc.), or complex patient focus	Adult/Peds
Peri-Operative Care Pain Management	4 wks	Peri-op: Anesthesia, cardio-respiratory + hemodynamic monitoring/management, risk assessment and modification, pharmacology, consultative medicine, interdisciplinary care Pain management in the acute + possibly chronic setting	Adult/Peds
The Care of Older Adults: Aging in Men and Women	4 wks	Geriatric practices + evaluation units, interdisciplinary care, WH programs, Hospitalist practices. Geriatric syndromes (falls, etc.), osteoporosis, cardiovascular health, pharmacologic considerations, prevention, palliative care, legal/ethical issues, etc.	Adults

Acting Internships

- One chosen from Medicine, Pediatrics, or Surgery
- Second in an area that student chooses. Cannot be identical – if it is within the same broad discipline (such as medicine), then it needs to have a different theme (for example, one General Medicine AI and one Cardiology AI)
- Intensive, inpatient, team-based experiences that feature appropriately supervised primary patient care responsibility and the expectation of participation in diagnosis and management.

Electives

Broad range of clinical experiences that incorporate clear learning objectives and a method for student assessment. Proposal is to inventory current electives and solicit additional opportunities as indicated.

Area of Concentration

The Area of Concentration is an opportunity for students to develop expertise in a discipline or domain of medical science through guided organization of related elected experiences. There is an expectation that insights from basic science and clinical research will contribute to this effort. The incorporation of multidisciplinary perspectives and population medicine themes is encouraged.

The Area of Concentration will include 12 weeks of clinical and or basic science experiences that form a cohesive plan focused on mastery in a specific clinical area. Plans will be approved by Physician Advisers or Society Deans for CCLCM and University Program students, respectively, and will have defined goals and learning objectives. Each student will be responsible for producing a written or oral presentation that demonstrates depth of learning in this Area of Concentration.

December 8 CME minutes resume below:

Dr. Wolpaw, Dr. Binder, and Dr. Altose described plans for the **Advanced Core**. After much debate by the planning group, the following **four domains** were selected for their relevance to medicine in the twenty-first century:

- ***Undifferentiated*** Care
- ***Chronic*** Disease Care
- Peri-Operative ***Critical*** Care and ***Pain Management***
- The Care of Older Adults: ***Aging*** in Men and Women

It was pointed out that while not all the sites will offer identical experiences, the experiences must conform to the guiding principles and learning objectives established.

Dr. Haynie pointed out that two scholarly products are required of each University program student: the M.D. research thesis and the Area of Concentration.

Dr. Wolpaw mentioned that plans are in the works to look into developing an online inventory of the students' Areas of Concentration and what they learned. This format could be useful to the other students.

4. Flexible Program Council Update

Dr. Kent Smith, Flexible Program Coordinator, mentioned that both the Type A elective program and the Type B elective program are going well. Many students have taken a reading

elective to prepare for the USMLE Step 2 and are strongly motivated to do well. Case students are taking Acting Internships and related electives all over the country and indeed all over the world and benefit greatly from these experiences.

5. **Cleveland Health Sciences Library Update**

Mrs. Virginia Saha, Director of the Cleveland Health Sciences Library, referred to Issue 5 of the *New Curriculum Update Bulletin*, which notes that due to expectations for more individualized reading and a briefer syllabus, more extensive resources will be needed for the students. Mrs. Saha recently attended a block leaders meeting to find out more, as the Library needs some advance notice before entering into purchasing negotiations. Dr. Nosek is currently developing a database of learning objectives, with every activity pointing to primary resources. With the emphasis on more reading in the new curriculum, the library has an important role in supporting students in their “search and research” endeavors. Time considerations are important. Not only must a list of necessary resources be compiled but lists must be cross-matched for standardization of vocabulary to allow for successful online searches. There is no such thing as “one-stop electronic shopping” either. To arrange for licensing agreements, Mrs. Saha must have an idea of the numbers of users involved. We do not have uniform access when it comes to licensed resources. For example, we currently have online access to *The New England Journal of Medicine*, but we do not have online access to the *Journal of the American Medical Association* while the license is being reviewed.

For planning purposes, Dr. Terry Wolpaw mentioned that each block lasts roughly three months. Substantial progress has already been made by each block in deciding the lecture and small group topics. **Each block will determine required readings and supplemental readings.** Discussants raised the possibility of requesting that students purchase ten primary texts over the course of a year. Another option under consideration is for Dr. Nosek to burn a CD of ten essential resources for each student. Another option under consideration is for faculty to agree on a standard for an **image database**. Purchasing a license to a complete set of images—rights for presentation and publication—would allow us repeated use.