PRESENT: Dr. Murray Altose, Chair; Drs. Henri Brunengraber, James Bruzik, Jason Chao, Lynda Montgomery, C. Kent Smith, Amy Wilson-Delfosse, Daniel Wolpaw; Mr. Brandon Maughan (Year II student representative) Drs. Robert Haynie, Wendy Shapiro, Terry Wolpaw; Mrs. Virginia Saha; Mr. Christopher King (Year I student representative); Ms. Lois Kaye (secretary)

VOTING MEMBERS ABSENT: Drs. Louis Binder, Robert Bonomo, Andrew Fishleder, Scott Frank, Stephen Previs; Mr. Christopher Utz (Year IV student representative)

GUESTS: Drs. Alan Hull, Michael Landers; Ms. Siuyan Scott

Comments from the Chair

Dr. Murray Altose, CME Chair, opened the meeting by reviewing the minutes of January 25, 2007. The minutes were approved as distributed.

Student CME Update

Mr. Brandon Maughan, Year II student representative, mentioned that students in the Class of 2009 have finished all their classes and are currently studying for the USMLE Step 1. Mr. Chris King, Year I student representative, explained that students in the Class of 2010 are currently in assessment week for Block 3. He inquired as to the timetable for his class to receive grades, as timely receipt of grades has been an issue previously. Dr. Klara Papp, Director of Student Assessment, will speak to this matter when she presents to the CME at the March 8 meeting.

Foundations of Medicine and Health Update

Dr. Amy Wilson-Delfosse, Basic Science Curriculum Council Chair, mentioned that the Year I class is currently in Week 12, the Integration, Reflection, and Assessment Week of Block 3. This Friday, a large-group interactive session will take place, serving as a prequel to Block 4 and offering a brief overview of the new block with a mini-lecture by cardiologist Dr. Mark Dunlap. Students will receive the “language” necessary for their readings. Block 4 consists of Cardiovascular, Pulmonary, Renal, principles of cell physiology, and the principles of pharmacology and therapeutic agents used in treating these organ systems. The Clinical Immersion, offered for the first time in Week 10, offers some unique features. Drs. Alan Garland, Joel Peerless, Dan Wolpaw, and Jim Finley have worked to schedule a busier, more “hands-on” experience all five days for students with clinicians at hospital sites. The case for Week 11 is designed to be very integrative, involving all the organ systems and following the clinical immersion experience.
When asked whether non-block faculty can view cases, Dr. Wilson-Delfosse replied that by using the Case user ID, one can log into the eCurriculum and access the Student Version of the case.

Dr. Wilson-Delfosse emphasized the commitment to use of the interactive session as a springboard for taking students beyond the required readings. Students must do the preparatory work in order to be ready for class and get something out of the interactive session. The interactive session is not regurgitation of material but rather application of knowledge: working through and thinking through the material.

**Block 5** is led by Dr. Robert Kalayjian. Thanks to perceptive Course Manager, Ms. Laura Clementz (Blocks 4 and 5), Block 5 will offer a new kind of continuity by returning to a patient already presenting in a Block 4 case.

**Block 6** has been meeting regularly. Block 6 incorporates neurophysiology, neurology, orthopedics, rheumatology, and psychiatry. Block leadership consists of Drs. Kathy Clegg, Shana Miskovsky, David Dean, and Alan Lerner. Next month a guest from the University of Rochester will provide faculty development on teaching neurosciences and neurology in PBL format.

When asked by Dr. Altose for the student perspective pertaining to **Block 3** strengths and weaknesses, Mr. Chris King noted definite improvement over the previous block in the timing of lectures that correlated well with the topic at hand. However, lectures were more a regurgitation of reading, resulting in a noticeable drop in attendance. Additionally, Mr. King felt it was difficult to determine what aspects of biochemistry students were expected to know for Block 3. While students were told to know regulation, were they also responsible for pathways on progressive levels—enzymes of the pathways, structure on the pathways, etc.? An e-mail sent one or two days prior to the exam was really too late to be helpful. No mention of what constitutes need-to-know material occurred in the IQ Groups, and during review sessions, faculty, appearing overly cautious about revealing potential exam questions, refrained from telling students what they were responsible for. Student consensus after taking the exam was that it was fair and that questions on regulation were reasonable.

Dr. Terry Wolpaw described the “test” as really only a “sample” of what students are expected to know. There is no way that a test can cover everything. The intended goal is to get students to pull things together at the end. She asked the students how we can achieve this.

Mr. King replied that students are unsure where on the continuum they should aim to memorize for studying. He personally visualizes the material as a path progressing from regulation to enzymes to structure.

Dr. Wilson-Delfosse mentioned that what is deemed important for the student to know does not necessarily have to show up on the exam. However, such direction is helpful to the student in being able to understand the material.

Dr Altose perceived an uncertainty among students as to what “stage” they needed to reach. He inquired how faculty can help.

Dr. Wilson-Delfosse noted a delicate balance: not wanting to limit but yet offering guidance for reasonable expectations.

Dr. Altose noted two different points of view that faculty need to come to grips with: 1) Offer a moderate amount of guidance, and 2) It’s the student’s responsibility to figure things out.
Dr. Haynie suggested this line of reasoning: How does biochemistry interact with a patient’s disease? Is there a link?

Drs. Altose and Wilson-Delfosse believe that the structure of the case-based IQ Groups is intended to achieve precisely the goal mentioned by Dr. Haynie. But have we achieved that?

Dr. Haynie suggested writing another case as a continuation of the IQ Group case. Mr. King acknowledged that the test included patient-based cases. The student can study the formative weekly SEQs (Synthesis Essay Questions). However, Mr. King pointed out the lack of consistency with regard to degree of depth provided by the SEQ ideal answers. Some explanations are cursory, while others offer minute details.

Dr. Terry Wolpaw explained the intent that the weekly SEQs feed into the SSEQs (Summative Synthesis Essay Questions). She requested student input in the form of reviewing all Block 3 SEQs to determine which do not have enough depth.

Dr. Altose felt that this could be a worthwhile project for the Student CME. Dr. Wilson-Delfosse suggested that students could explain how each SEQ helped and did not help as preparation for the SSEQ.

Dr. Altose raised the question: How deep do you dig?

As a non-expert IQ Group facilitator, Dr. Smith offered a word of caution: the more in-depth the answer, the harder for the facilitator to give a meaningful critique to the student.

The discussion on pathways feeding into each other and points of regulation led to consensus among a few discussants that it is essential to have the related drawings. Dr. Lynda Montgomery suggested that perhaps IT could design an activity enabling students to physically execute the drawings.

Dr. Henri Brunengraber, once concerned about the validity of IQ Group learning, admitted that after attending some sessions, he has for the most part changed his mind. He has been impressed by the IQ Group students’ depth of knowledge, which he describes as greater than that of the students who attended the passive biochemistry small groups of the past. He felt that this is a credit to the curriculum organizers. While Dr. Brunengraber regards the structure as admirable, he still expresses concern as to what extent facilitators should be content experts. It is Dr. Brunengraber’s opinion that the facilitator should intervene on occasion when the group is weak to correct an erroneous answer or to answer a question from an exceptional student.

Dr. Altose called on Dr. Wilson-Delfosse to address this issue.

Dr. Wilson-Delfosse explained that Thursdays, 10:00 a.m. until noon, the content experts/authors behind the cases, SEQs, and interactive sessions, answer questions brought to them by students. From her experience as an IQ Group facilitator, Dr. Wilson-Delfosse felt that students are more likely to ask each other questions before approaching a content expert.

Mr. King added that while having a content expert present during an IQ Group might be nice at times, it could be very intimidating in context of the group dynamic. In the IQ Group, students struggle among themselves. Students put down by a content expert might stop speaking entirely. Resources are available. Students are responsible for finding resources on their own.
Dr. Smith urged being flexible. As a non-expert IQ Group facilitator, he brought both Dr. Jonathan Karn and Dr. Bill Merrick to his group. Both these faculty members spoke very little, but students really appreciated their contributions.

**Dr. Dan Wolpaw** provided an update on the *Foundations of Clinical Medicine*, the clinical piece of the Foundations of Medicine and Health curriculum. There is much activity surrounding the Tuesday morning program, *Foundations of Clinical Medicine Seminars*. Ninety students are currently participating in the weekly practice experience of the CPCP preceptorship. Due to faculty involvement in so many offerings of the Western Reserve curriculum and for the purposes of staffing quality preceptors, the decision was made to restructure the preceptorship into a 12-week experience instead of 24 weeks as before. More than half the students are involved in the current time slot; the remainder will participate in the fall session. *Physical Diagnosis* is being timed to the new curriculum’s structure, with PD2 regional exams linking directly with block material. Students will also take advantage of ambulatory office experiences and online models as part of this program. Plans are in the works for a **first ever end-of-Year 1 OSCE in April**. This exercise will feature a standardized patient interview based on subject material from the current block. Dr. Wolpaw pointed out that this is one of several building blocks of the **student portfolios**—opportunities for students to reflect on their professional development and receive feedback. He is working with Dr. Irene Medvedev to find a way to incorporate student reflections into the portfolios instead of keeping them separate as before.

The **Block 3 Clinical Immersion** lost one day to crippling weather conditions that closed the university, and most of Cleveland, Wednesday, February 14. When asked about his own experience, Mr. King replied that he personally was not affected by the weather challenges. However, he knew of some classmates whose total complement of activities was planned for Wednesday and who were, therefore, adversely affected. He raised logistical questions about requiring the 40 students in his group to find transportation to Metro for a talk on celiac disease rather than inviting the one nutritionist to the School of Medicine instead. Additionally, while at Metro, students were called and asked to be present for a lecturer at the Medical School who never showed. Mr. King raised the issue of reciprocity in professionalism.

Dr. Wilson-Delfosse described the Friday afternoon student presentations concluding the Block 3 Clinical Immersion as “fabulous.” The presentations are open to faculty—attendance is encouraged.

**Basic Core Clerkship Update**

**Dr. Dan Wolpaw**, Clinical Curriculum Council Chair, provided an update on the basic core clerkships. The **second 16-week block** dedicated to basic cores is now drawing to a close. A variety of review activities and some changes are in the works, for example, 1) how to give feedback to the students, and 2) how to make the clinical assessment system more user-friendly for advisers and clerkship directors. Approximately 90 students will participate in the upcoming Bridge Week March 19. Another Bridge Week offering will occur in July. The newly designed Advanced Cores experiences will begin on April 9.

Dr. Altose requested a **comprehensive formal assessment/review of the Basic Cores using student feedback**. The CME has been made aware of casual feedback, but
there is a need for formal feedback. Dr. Wolpaw explained that Ms. Beth Bierer and Dr. Klara Papp are currently deciding what format to use. Once the reporting format has been developed, the CME will receive regular reports. Dr. Wolpaw mentioned that a report for the first 16 week block dedicated to basic cores was presented to the University Hospitals clinical chairmen this past week.

Dr. Jim Bruzik inquired about finding his own personal feedback in the Foundations of Medicine and Health curriculum. To find Program Evaluation for the Western Reserve2 curriculum, go to the Office of Curricular Affairs Web site, [http://casemed.case.edu/curricularaffairs/program.cfm](http://casemed.case.edu/curricularaffairs/program.cfm). This information is available to everyone. However, individual faculty evaluations based on student input are a different matter. These are password-protected and access varies by curricular program.

The Advanced Cores, based on the four-week block calendar, start April 9. Not every Advanced Core at every site will be available at this time. Details such as the numbers of students and the lines of accountability are in development. In April, students can also begin taking Acting Internships (AIs) and electives. The logistical challenge of adjusting a weekly curriculum to coincide with the hospital calendar has kept Drs. Alan Hull and Terry Wolpaw and Registrar Mr. Joe Corrao busy. A Year III meeting on the Advanced Cores will take place tomorrow.

### Annual Education Retreat Update

**Dr. Terry Wolpaw**, Associate Dean for Curricular Affairs, opened by acknowledging that not many formal feedback evaluation forms for the retreat were turned in; however, those six people really enjoyed themselves! The retreat seemed to fulfill the need for information. The opportunity to see an unrehearsed IQ Group in action succeeded in demonstrating 1) process, and 2) the sophistication of student responses. Mrs. Saha described the IQ Group as “outstanding” and credited it with “making converts!” The student panel replied to questions from the audience with unfiltered responses. The presentation by keynote speaker Dr. Malcolm Cox resonated with faculty and students in attendance. Dr. Wolpaw felt that the retreat did not disappoint; it was able to meet the needs given a modest budget and seemed well received by those attending.

Several CME members voiced praise for Dr. Shapiro’s MediaVision group that provided IT support. They found it superior to any Audio Visual support team encountered on off-campus retreat sites.

Dr. Wilson-Delfosse mentioned that while the number of faculty participating in her small group session may have been small, all six members were very engaged.

Dr. Dan Wolpaw wished to compliment Ms. Minoo Darvish and her Curricular Affairs staff for an “incredible job” in putting together the retreat.

Dr. Terry Wolpaw recognized Mr. Mike Kubit, who headed the IT effort. The entire retreat was videotaped and will serve as a mini-resource.

### Report from the CCLCM Curriculum Steering Council

In place of Council Co-Chair, Dr. Andrew Fishleder, Dr. Alan Hull, Associate Dean of Curricular Affairs for the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University, presented 10 course reviews (8 from 2005-2006 and 2 from 2006-2007) for consideration. Feedback gathering mechanisms include weekly faculty
meetings and end-of-course evaluations completed by students. A comprehensive end-of-course report is compiled, which is presented first to the Cleveland Clinic Lerner College of Medicine Curriculum Steering Council and then to the CME. Dr. Hull mentioned that all courses mentioned showed significant improvement in their ratings. Despite some transition in course leadership for four courses, things proceeded smoothly. Dr. Hull was impressed by how seriously the course directors take critiquing their course. End-of-course reports will be linked to the CME Web site: http://casemed.edu/som/cme/ under the “Highlights” section.

Courses for the 2005-2006 Academic Year

1. Hematology 3 Course – Year 2
2. Cardiovascular, Pulmonary II Course – Year 2
3. Gastrointestinal, Renal II Course – Year 2
4. Process of Discovery – Years 1 and 2
5. Foundations of Clinical Medicine – Years 1 and 2
6. Neural and Musculoskeletal Sciences 1 Course – Year I
7. Hematology, Immunology, Microbiology – Year 1
8. Endocrinology, Reproductive Biology I Course – Year 1

Courses for the 2006-2007 Academic Year

1. Clinical Research Block – Year 2
2. Basic & Translational Research Block – Year 1

Academic Computing Update

Dr. Wendy Shapiro, Director of Instructional Technology and Academic Computing, summarized recent activity. It was the opinion of many that her staff excelled in their video work for the retreat. The entire retreat was videotaped—encoded and digitized. Ms. Aisha Bhatti will post this on the Web along with the agenda. Today the equipment (server and software) for administering the Block 3 SSEQ examination and virtual microscopy is being tested. The Year I student representative, Mr. Chris King, acknowledged that he has never had his own computer fail during testing but noted that an announcement was made during the early portion of a recent exam that the server was not saving answers and parts of answers were lost. Mr. King suggested that the communication among all technology staff needs to be strengthened so that there is one consistent message to the students. Dr. Amy Wilson-Delfosse inquired as to whether we have a robust enough server to fit our testing needs. The Administrative Group, under the direction of Mr. David Pilasky and working independently of Dr. Shapiro, is currently assessing the hardware situation. Members suggested relaying the question of current hardware capability to the Vice Dean for a response.

Flexible Program Council Update

Dr. Kent Smith, Flexible Program Coordinator, mentioned that approximately 20 students are currently taking Type A electives. In addition, some vintage Type B reading electives have retained their popularity with the students.
Library Update

Mrs. Virginia Saha, Director of the Cleveland Health Sciences Library, announced that she has received the site license for MDConsult, which will go into effect March 1. We have expanded from four users to unlimited access, with IP authentication including remote access. MDConsult contains standard textbooks, numerous journals, and other resources. The Library is looking to purchase, for a one-time cost, electronic journals of archived (back issues of) Annual Reviews to complement the current online subscription which goes back to 2002. Annual Reviews are awarded the “highest impact factor” rating, are state-of-the-art, and are particularly in demand when researching other than one’s familiar core area. The Case Libraries have submitted their 56-page budget proposal for priorities and needs over the next five years to the Provost. Mrs. Saha emphasized the collaborative nature of this effort, which incorporated feedback from faculty and students. On Monday, February 26, the budget will be presented to the Faculty Senate, which is open to guests.

Respectfully submitted,

Lois Kaye
Secretary to the CME