Comments from the Chair

Dr. Murray Altose, CME chair reviewed the March 13 minutes, which were approved as distributed.

Comments from the Vice Dean

Dr. Dan Ornt, Vice Dean for Education and Academic Affairs, mentioned that a number of our students have taken the USMLE Step 1 and informal feedback has been good. Some students decided to delay taking the USMLE.

Passing the USMLE Step 2 CS (Clinical Skills) exam is required in order to graduate from the Case Western Reserve University School of Medicine. Current policy calls for taking the USMLE Step 2 CS no later than January 21. This deadline is too late for the new Western Reserve2 curriculum. A student failing the exam does not have enough time to repeat the examination. Dr. Ornt is proposing advancing the deadline for taking the USMLE Step 2 CS to December 15 or December 1. Dr. Altose advised Dr. Ornt to proceed with the change. There is no need for CME approval on this matter.

Student CME Report

Ms. Maureen Burke, Year I student representative, mentioned that the Class of 2011 and the Student CME are focusing on strengthening communication among students, faculty, and the administration. Student representatives meet regularly with Drs. Dan Ornt, Terry Wolpaw, and Amy Wilson-Delfosse and participate in meetings with members of Blocks 4, 5, and 7. There is an official student representative for each block design team. Student CME members prepare and circulate a survey for each block and, in addition, maintain an e-mail account where students can submit feedback.

Dr. Altose enthusiastically welcomed this endeavor on improving communication, which he regards as critically important.

Dr. Ornt announced that the Match taking place one week ago yielded terrific results.
Dr. Kent Smith, Senior Associate Dean of Students, agreed. Students were accepted into competitive residencies from coast to coast and here in Cleveland as well. The Class of 2008 represents a nice balance of subspecialty and Primary Care fields.

Mr. Brandon Maughan, Year III student representative, commented that although the new third year Friday afternoon curriculum, IQ+, may be building on the preclinical IQ Groups, he is sorry to see the elimination of CLICS (Contemporary Learning in Clinical Settings). Students developed longitudinal attachments as they remained within the same intimate student grouping for three years, the third year marked by the late afternoon CLICS sessions. Students related well to their classmates in this format. A student dealing with a challenging experience that left him/her feeling insecure could discuss this in the small group environment and come away with the realization that others felt exactly the same. CLICS also offered a common time to reflect on how you had grown. The IQ Groups may or may not fill this role.

Dr. Dan Wolpaw agreed that there were many good things about CLICS and the continuity this program offered with student groupings carried over from the Tuesday morning seminars during Years I and II. However, many priorities needed to be taken into consideration as a group of students and faculty took on the challenge of developing a meaningful medical-school-based curriculum during the Basic Core Blocks, and logistical considerations dictated that some compromises needed to be made in the CLICS approach. The new curriculum does call for students to stay together for 16 weeks at a time and engage in CLICS-style conversations on a weekly basis rather than only once a month as in the CLICS program. In addition, the introduction of the Research Block had already created some discontinuity in the Friday grouping. Dr. Wolpaw did agree that the loss of the opportunity for continuity from the pre-clerkship curriculum is unfortunate.

Dr. Wilson-Delfosse added, however, that starting with the Class of 2010, students have done PLPs (Personal Learning Plans) within the common groupings of their societies. They will continue to meet together mid-block and end-of-block during the clerkships.

Foundations of Medicine and Health Update

Dr. Amy Wilson-Delfosse, Basic Science Curriculum Council Chair, mentioned that we are currently in the middle of the fourth block, Homeostasis. While students are working hard, they seem to be enjoying this challenging experience.

We are poised to introduce the IQ+ curriculum, offering the opportunity to integrate basic science into the core clerkships. This has become a major national issue prompted by anticipated changes to the USMLE Steps 1 and 2 format.

Dr. Wilson-Delfosse referred back to Student CME efforts to improve communication with faculty and the administration as mentioned by Ms. Burke. Student feedback is invaluable in helping faculty identify places in the curriculum to make positive changes and improvements. Dr. Wilson expressed her appreciation for this important student contribution.

Block 2 Review/Action Plan

Georgia Wiesner, M.D., Block Leader for the Human Blueprint (August 20 – November 2, 2007), presented the review/action plan. Situated early in the Year I
curriculum, the second block deals in basic cellular and molecular concepts. It integrates Cancer Biology, Development, Endocrine, Cell Biology, Genetics, Molecular Biology, Reproductive Biology, and Structure. Dr. Wiesner described changes based on prior feedback already implemented for this year’s second iteration of the course:

1. Reduction in time from 12 to 11 weeks to accommodate needed expansion of another first year course
2. Improved coherency of cell biology and endocrine
3. Improved integration, logic, and organization of disciplines within the block
4. Improved medium-sized group teaching
5. Introduction of a student assessment process using descriptors of competence

Dr. Wiesner elaborated on a few of these points. Cell biology lectures were added to endocrine, which had been moved earlier in the block. While this move resulted in the loss of genetics and development time, it did strengthen the integration of cell biology with endocrine.

A “course guide” was created on the eCurriculum providing weekly course goals to improve communication of an already sound course organization to students. Some additional work is still needed.

To improve teaching in medium-sized groups, faculty content experts in basic science and clinical fields met with students. A basic scientist and a clinician are paired to facilitate the medium groups. Dr. Jim Bruzik took charge of the medium groups and instituted a “train the trainers” faculty development program to improve consistency across groups.

Dr. Wiesner complimented the efforts of the design team and noted changes. Dr. Jim Bruzik of Molecular Biology replaced Dr. Michael Harris. Drs. Jim Liu and Angelina Gangestad of Reproductive Biology remained to represent their discipline after Dr. Ricardo Loret de Mola’s departure.

IQ cases were edited, reviewed, and revised this year. Two new cases were added for this year. There was more time to integrate content across disciplines and the block but not yet across all four years.

Attention was paid to assessment. The decision was made to write a completely new SSEQ exam this year. It was a “full” exam completely filling the time allotment and global in nature rather than restricted to weekly SEQ content. The scoring was also different, using “Meets Expectations,” “Borderline for Meeting Expectations,” and Does Not Meet Expectations” ratings to better identify students needing attention than the previous “Pass”/“No Pass” descriptors. Future plans include working with Dr. Klara Papp to set down specific guidelines for students on how to approach the exam and pull everything together.

Dr. Wiesner next went over quantitative student survey ratings comparing non-content areas for Block 2 by the Class of 2010 and by the Class of 2011. The rating scale follows: 1=Poor, 2=Fair, 3=Good, 4=Very Good, 5=Excellent, 6=Outstanding. Many overall ratings remained the same, which Dr. Wiesner interpreted as meaning we are not moving forward as much as we should. Organization remained a challenge in this year’s second iteration of the course. While faculty felt more comfortable with the content this year, that did not necessarily translate into helping students learn better. Learning activity ratings covered independent learning, IQ Groups, medium groups, large group sessions, and the clinical immersion. Medium groups enjoyed a significant improvement:
a mean score of 3.0 (good) from the Class of 2010 climbed to a mean score of 4.3 (very good) from the Class of 2011. All other learning activities continued to be rated excellent to outstanding.

Dr. Wiesner next presented ratings from the Class of 2011 for the individual disciplines within Block 2 and in Structure. There were no numerical ratings from the Class of 2010 for purposes of comparison. Cancer Biology is very popular with the students and received an “excellent” rating. The decision to move Endocrine earlier was well received by the students, who awarded it a near-“excellent” rating. The move, however, hurt Genetics and Development, which both lost time and whose “good” ratings indicate opportunity for improvement.

Dr. Wiesner mentioned that approximately 66 out of 100 respondents indicated overall satisfaction with the course. Block 2 has enjoyed the benefits of stable content, ideas, and design team. Dr. Wiesner presented her recommendations for Block 2 for the incoming Class of 2012:

- **Improve communication about goals and expectations** for the course. Add a set of “trackable” goals for each week to the Block 2 Course Guide. Post goals and expectations on the eCurriculum. Add an Overview lecture to the beginning of the block. Work with faculty to use goals as a way to frame each lecture. Use Fridays as an opportunity to look forward and back. Work with Dr. Papp to develop a student training session on how to answer SEQ and SSEQ narratives.

- **Restructure Week 1.** During the 2008-2009 academic year, there will be no IQ Group sessions during the first week. Basic science and cell biology concepts (rather than cancer) will be presented up front in both large and medium group activities. Re-write new cases to support basic cell biology in the re-ordered block rather than leaving the emphasis on cancer. Develop a study guide to be completed the weekend before Block 2 begins.

- **Integrate longitudinal Development content** with the goals of the block and the goals of all the blocks, for that matter. Re-design the large-group Genetics lectures to improve organization, order, and integration.

Dr. Wiesner concluded her presentation by reiterating, “I can’t do this myself.” She recognized the Block 2 design team for their “great work.” She praised Dr. George Dubyak for his teaching of Cell Biology across blocks. She expressed her appreciation for the dedication of the Block 2 Course Manager, Ms. Nivo Hanson. She regretfully announced that Dr. Derek Neilson, leader of the clinical immersion, will be leaving University Hospitals and invited suggestions for his replacement (Georgia.Wiesner@case.edu).

Dr. Altose complimented Dr. Wiesner on her fine presentation.

Dr. Wilson-Delfosse added that while Dr. Bruzik was the leader of the medium groups, almost all the RNA Center faculty facilitated paired with a genetics clinician or molecular biologist.

Dr. Dan Wolpaw acknowledged the importance of the student satisfaction data presented but was also interested in determining how the students learn and whether they retain the material. He suggested looking into using the NBME cumulative achievement tests from the Classes of 2010 and 2011 as a window to assess student learning and retention of Block 2 material. He also noted that these tests are formative in nature and are not intended for use in this way.
Dr. Wiesner replied that she has categorized each of the questions used in the NBME multiple-choice-question test but has not yet seen a sub-analysis of the test for each discipline. If Block 2 continues to re-write the exam every year, it may be hard to compare student achievement. Dr. Wiesner felt that there may be unevenness in the SSEQs from block to block in terms of breadth and depth of material. She found this year’s exam better than last year’s with respect to integration and focus on what the students need to know.

Dr. Papp added that the National Board of Medical Examiners now provides an informational analysis item per item. However, she does not know when we will receive it. She will review these data with the block faculty.

Dr. Wiesner wondered if our fact-oriented multiple-choice-question tests are “hitting the mark.”

Block 3 leader, Dr. Martin Snider, asked Dr. Wiesner if she planned to look at the two exams and make a comparison.

Dr. Wiesner replied that she would not do that with the raw criteria, which she described as not constituting good data. The test represented what the students needed to know.

Dr. Ornt added that the questions are so different. We eventually will get information from the NBME pertaining to the USMLE Step 1. Medical schools are continually struggling to analyze test results and ascertain the impact in the third year, and the fourth year.

Dr. Wiesner suggested a more realistic approach would be to implement pre-tests and post-tests to measure how much material students retained. Dr. Altose felt that this could be an important agenda item for the block leaders’ council.

Clinical Curriculum Update

Dr. Dan Wolpaw, Clinical Curriculum Council Chair, announced that the Friday afternoon curriculum during the Basic Core Clerkships has been completely redone according to a format developed by a working group of faculty and students last fall and starts tomorrow known as IQ+. Goals for this program include: 1) time for reflection (based on the prior CLICS model), 2) meaningful, relevant integration of basic and emerging science, clinical reasoning, and advanced clinical skills into the context of clinical cases, and 3) a self-contained, learner-centered small group experience with group size being a little larger than the pre-clinical morning IQ groups. Plans include group reflection followed by case discussion, time for research of learning objectives and further case discussion, consultation with basic science and clinical experts, and a concluding clinical skills exercise (interviews with standardized patients, physical exam practice, etc.). How to communicate what the students have learned to the patient will be incorporated when practicing clinical communication skills. A number of cases have already been written. Any interested clerkship directors, basic scientists, and clinicians are invited to participate.

Dr. Wilson-Delfosse added that Dr. Peter Scoles mentioned on his last visit that this is exactly the way the NBME envisions medical schools carrying out this integration. Dr. Wolpaw explained that students must leave their clerkships at noon in order to be back at the medical school by 1:00 p.m. Tomorrow (March 28) only students must arrive earlier for the orientation/lunch.
Dr. Wolpaw then distributed an updated version of the **Policy on Medical Student Schedules on Clinical Rotations**, which was presented to the CME as a first draft on April 28, 2005 and later endorsed in its revised form as the Policy on Medical Student Participation in Clinical Settings on September 15, 2005. On March 6, 2008, the Joint Clinical Oversight Group (JCOG) added a few revisions to the original policy as pertains to the new Western Reserve₂ curriculum. Additions included the following: 1) In general, students should not exceed resident work hour policies (80 hours/week + average 1 day off/week. 2) All students must be excused from clinical rotations at 11:00 p.m. on Thursday nights to assure meaningful participation in Friday afternoon learning activities, and 3) All students must be excused from all clerkship activities after 6:00 p.m. on the last Wednesday of the 16-week Core Block to allow for NBME preparation.

**Dr. Andrew Fishleder moved...**

that the CME endorse the updated **Policy on Medical Student Schedules on Clinical Rotations**.

Dr. Martin Snider seconded the motion.

The motion passed unanimously.

**CCLCM Steering Council Update**

**Dr. Andrew Fishleder**, Cleveland Clinic Lerner College of Medicine Curriculum Steering Council Chair, announced that both **Cardiovascular/Pulmonary I** and **Renal I courses** finished last week. A **summer retreat** will focus on how to better integrate topics from the Foundations of Clinical Medicine (FCM) with the clinical organ systems.

**Curricular Affairs Announcement**

**Dr. Terry Wolpaw**, Associate Dean for Curricular Affairs, commended her staff for their dedication to **launching the IQ+ program**. The planning process began this fall.

**Library Update**

**Mrs. Virginia Saha**, Director of the Cleveland Health Sciences Library, announced that the library is supporting the new Friday IQ+ curriculum. Mr. Mike McGraw and Mrs. Kathleen Blazer are there to answer text messages, phone calls, etc. Mrs. Saha anticipates that the urgency of the “need to know” basis will motivate students to sharpen their search skills.

**CAML Update**

**Dr. Klara Papp**, Director for the Center for the Advancement of Medical Learning (CAML), referred to a **series of spring faculty development workshops** listed in the newly distributed brochure. CAML founder, Dr. Tom Graber, Chairman of the Department of Emergency Medicine at St. Vincent Charity Hospital, will conduct a two-part series on the DISC system, Leadership, and Emotional Intelligence. In addition, CAML is working on designing a workshop for medical students on how to prepare for different forms of assessment. Dr. Papp mentioned that we are in the process of gathering medical student data on their perceptions of the Western Reserve₂ curriculum for purposes of program evaluation.
Dr. Abdulla Gori, Chief of MetroHealth Pediatrics, complimented Dr. Papp on CAML workshops he recently enjoyed and wished to know where to find out information about upcoming programs in a timely manner so that he could recommend them to his staff. Dr. Papp referred him to the CAML Web site:  http://casemed.case.edu/caml/. Workshops are listed at: http://casemed.case.edu/caml/pages/SPRING2008-revised2.pdf.

**Information Technology Update**

**Dr. Irene Medvedev**, Director of Academic Computing, explained that she and her staff are focusing on two priorities: 1) **CAS, the Clinical Assessment System**, in collaboration with the Cleveland Clinic Lerner College of Medicine, and 2) **PeopleSoft**, the next major project. Working with the new PeopleSoft system to incorporate transcripts and student information is a huge undertaking that requires putting other IT projects temporarily on hold. The timing for this project is good since the second year students are gone and the first year students on working on their own.

Dr. Terry Wolpaw praised Dr. Medvedev and her staff for the variety of electronic options that they have made available to enhance the curriculum.

Dr. Altose wondered, however, whether postponing/re-prioritizing IT support due to the PeopleSoft initiative will negatively impact our curriculum.

Dr. Wolpaw did not think so since most IT projects are going reasonably well. At this point, Dr. Medvedev did not feel able to estimate how long full integration of the new PeopleSoft system would take.

Dr. Altose encouraged anyone encountering urgent IT support problems in developing and implementing the curriculum that cannot be resolved to approach the CME.

Dr. Paul Ernsberger suggested bringing in consultants or temporary help to support the new IQ+ program.

Dr. Ornt emphasized that Dr. Medvedev has spent an inordinate amount of time having to change things. The first four months of a project is usually “on paper” planning. PeopleSoft will help us to achieve our goals of finding a better way of developing a transcript and of getting courses into the system. All Case healthcare schools—dental, nursing and medical—are facing this issue now.

**Flexible Program Council Update**

**Dr. Kent Smith**, Flexible Program Coordinator, mentioned that our students are currently taking advantage of great **Type B elective** opportunities all over the United States, the world, and here in Cleveland.

**Strategic Planning Update**

**Dr. Kent Smith** mentioned that he relayed feedback from his Strategic Planning presentation at the January 24 CME meeting to the Faculty Council. Dr. Altose’s presence at the Faculty Council meeting helped reinforce recognition of **medical education as the central mission of the School of Medicine**. For the most recent information on **Strategic Planning**, using your **Case user id** and **password**, access this link:  https://casemed.case.edu/somplan/taskforce.cfm. To view **Dr. Smith’s PowerPoints**, click on the “**General Strategic Plans**” link in the left-hand column of the
screen; then click on “Smith—SOM Medical Education Task Force.” Dr. Smith invites e-mails (cks@case.edu) with any thoughts and suggestions.

Respectfully submitted,

Lois Kaye
Secretary to the CME