Case Western Reserve University  
T501 School of Medicine  
April 16, 2009 CME Meeting

PRESENT: Dr. Keith Armitage, Chair; Drs. James Bruzik, Paul Ernsberger, Barbara Freeman, Abdulla Gori, J. Harry “Bud” Isaacson, George Kikano, Mimi Singh, Martin Snider, Amy Wilson-Delfosse, Daniel Wolpaw, James B. Young; Ms. Anna Brady (Year IV College student representative); Mr. Nikolai Sopko (M.S.T.P. student representative)  
Drs. Alan Hull, Irene Medvedev, Daniel Ornt, Klara Papp, C. Kent Smith, Terry Wolpaw; Mrs. Virginia Saha; Mr. Sunny Patel (Year I University student representative); Ms. Lois Kaye (secretary)  

VOTING MEMBERS ABSENT: Drs. Jalal Abu-Shaweesh, Robert Bonomo, Wanda Cruz-Knight, Andrew Resnick, Allen Seftel; Mr. Brandon Maughan (Year IV University student representative); Ms. Maureen Burke (Year II University student representative); Mr. Jun Xu (Year IV College student representative); Mr. Donelle Cummings (Year II College student representative)  

GUESTS: Drs. Michael Landers, Georgia Wiesner

Comments from the Chair

Dr. Keith Armitage, CME chair, called for approval of the February 26 and March 12 minutes. Both sets were approved as distributed. Discussion of the revised Charge is postponed to a later meeting.

Dr. Armitage complimented Dr. Ornt on a successful LCME site visit. Early feedback has been very positive. Now that the external review is over, Dr. Armitage would like the CME to focus internally: How do we evaluate the efficacy of the medical school curriculum? What are our tools? The following discussion ensued.

Dr. Paul Ernsberger noted that we have been using our “customer-service” model to gauge student satisfaction with various aspects of the curriculum via their feedback. We have also looked at USMLE scores.

Dr. Klara Papp pointed out that we use both internal and external criteria. We have identified nine competencies and start assessing these early on in student performance. Written exams provide a number of assessments. We ask 1) the block leaders how well they trust these exams, and 2) the students how they feel about our exams.

Dr. Armitage inquired as to the goals of our educational system.

Dr. Dan Wolpaw recalled Dr. Al Connors’ insightful questions when the new curriculum was in its planning stages: “What are you hoping to accomplish and how will you measure it? What type of learning environment are you hoping to create?”

Dr. Papp mentioned that during May and June of last year, we surveyed all faculty for their perceptions of our curriculum.
Dr. Terry Wolpaw added that we designed our own program of evaluation for Western Reserve2.

Dr. Armitage mentioned that with our external LCME review over for at least another seven years, we are free to concentrate on internal program evaluation. Dr. Ornt added that there may even be eight years between LCME site visits in the future.

Dr. Ernsberger felt that our information has changed since adding new sources of information. We may have to rebalance our priorities.

Dr. Amy Wilson-Delfosse noted that we now have faculty reading content essays and portfolios.

Dr. Terry Wolpaw felt that long term we would like to know: How do our students measure up as practicing physicians, and do they make a difference in health care? On the practical, immediate front, we need to answer: How effective is the Western Reserve2 learning environment? Does our curriculum cover what it needs to?

Both the University and College tracks are invited to share their program evaluation materials with the CME.

Dr. Bud Isaacson recalled that a College retreat last June focused on reviewing different aspects of the curriculum. Both successes and challenges were identified. Faculty made recommendations and assignments to various committees. While the College carries out surveys on a regular basis, getting people together to talk about issues seems more productive. Dr. Isaacson mentioned his surprise at not being asked one content question during the LCME site visit. On the other hand, he was repeatedly asked about process and equivalency of programs. Dr. Isaacson suggested looking at the LCME database and comparing it with the student survey to pinpoint existing gaps in the curriculum.

Dr. Ornt explained that the LCME site visitors’ report now goes to the full committee to look for any non-compliant standards. The resulting report could be more critical than the immediate feedback from the site visitors. There were some issues on transitional items. Site visitors were looking for data on the new clinical programs and the Clinical Assessment System (CAS). We need further faculty, resident, and student buy-in. We need to develop some measurable outcomes.

Dr. Armitage summarized that we make use of USMLE scores, student surveys, faculty surveys, and surveys sent to residency directors to evaluate our curriculum.

Dr. Ornt recalled that we have not brought residency director surveys to the CME. We have not had a formal process to dissect why certain of our students are not doing well.

Dr. Terry Wolpaw added that the Society Deans send a survey to the residency directors about our graduates. We have these data. Dr. Kent Smith, Senior Associate Dean for Students, will bring these materials to a future CME meeting.

As a residency director, Dr. Armitage fills out these surveys on a regular basis and is interested in reviewing residency directors’ impressions of our graduates on an aggregate basis at a future CME meeting.

Dr. Ornt then brought up the AAMC Exit Survey completed by our students before they graduate. It was recalled that CME members looked at parts of this survey when Dr. Joseph LaManna was the chair.
Dr. Terry Wolpaw mentioned that we do not have any regular mechanism to look at the AAMC Exit Survey baseline.

Dr. Armitage recommended implementing a **yearly review** of USMLE scores, residency director’s surveys, student surveys, faculty surveys, etc.

Dr. Terry Wolpaw favored **recognizing** our **faculty** beyond the Kaiser Awards. A subcommittee formed under the tenure of past CME chair Dr. Murray Altose led to the establishment of teaching recognition awards and the Scholars Collaboration in Teaching and Learning.

Dr. Abdulla Gori added that he polls alumni to find out: What could have been **better in your curriculum?** He has not yet implemented the second idea: **polling their patients.**

Dr. Armitage inquired whether CWRU School of Medicine has ever **surveyed** our graduates **ten years out.** He reiterated his request to **Dr. Smith to compile the residency director’s survey data for presentation at a future CME meeting.** He next considered surveying student seniors. What are we supposed to be producing? Clinicians, scientists, educators? Are they adequately prepared? Are they great at what they are doing? Has any medical school done this type of survey for graduates ten years out?

Noting our current scholarly thesis requirement, Dr. Dan Wolpaw was interested in feedback on whether University track graduates go on to participate in academic careers. The University track could partner with the College track on this project.

Dr. Alan Hull mentioned long-term plans to follow Cleveland Clinic Lerner College of Medicine (CCLCM) graduates to see if they are in academia and practicing research.

Dr. Armitage invited **Dr. Klara Papp to review USMLE scores and report at a future CME meeting.**

Dr. Smith mentioned that our students surpass other students at many top medical schools in demonstrating clinical abilities and communication skills/PD skills early on in the curriculum.

Mrs. Virginia Saha would like to see the following point expanded into a discussion question: Are there items covered in our curriculum that never-the-less the students are missing?

Dr. Terry Wolpaw added that **IQ+** was designed so that basic science would be included **in all four years** of the curriculum. Basic science content is spread out and reinforced over four years.

Dr. Dan Wolpaw concluded discussion by suggesting **development of a report template for regular review** with an accompanying **schedule.**

**Comments from the Vice Dean**

**Dr. Dan Ornt**, Vice Dean for Education and Academic Affairs, thanked the students for their “fabulous contribution to the LCME review/site visit.” The LCME pays attention to students and examines student feedback in detail. Site visitors stayed an extra day to meet with all the student groups: University track, College track, those in their clinical years.

Dr. Armitage inquired if any medical school has an LCME ListServ or a AAMC ListServ. No one knew of any.
Student CME Report

Ms. Anna Brady, Year IV College representative, brought up Monday morning confusion when returning students do not know where to report. Students appreciate the diligent efforts of Mr. Joseph Corrao and Ms. Theresa Hancock of the Registrar’s office but find it time-consuming to individually e-mail to learn their **Basic and Advanced Core site assignments**. Is there any way to have an **online scheduling system**?

Dr. Irene Medvedev mentioned that she had discussed this matter with the Registrar, Joseph Corrao, who had indicated his preference for e-mail scheduling.

Ms. Brady explained current registration procedure for **AIs (Acting Internships), electives, Basic and Advanced Cores**, etc. Joe Corrao e-mails students the time that scheduling for certain blocks opens. If, for example, scheduling opens at midnight, certain students are online at 12:01 a.m. to send in their e-mail. Ms. Brady categorized her classmates as basically falling into three groups: 1) students who get what they request, 2) students not upset by not getting what they request, and 3) those individuals at away-rotations who return without having heard from the Registrar where to go Monday morning.

Mr. Sunny Patel, Year I University representative, said the same situation occurs when first year students schedule their **Type A electives**.

Dr. Ornt suggested looking at opportunities provided by PeopleSoft. Dr. Armitage, however, expressed concern about losing the individual touches if we change to an automated system.

Dr. Ornt will talk with Mr. Corrao to get his feedback on improving the scheduling process.

Dr. Isaacson felt it is important to consider **capacity** issues with the expansion of class size. We want our students to get the rotations they want.

Dr. Ornt reiterated that CWRU students need to get priority over visiting students. He prefers to have the School of Medicine register visiting students rather than the hospitals. This way, visiting students get interested in us.

Dr. George Kikano felt this matter deserves examination outside the CME, as some hospitals take visiting students and undercut our own students’ priority.

Block 2 Review/Action Plan and Discussion

Dr. Georgia Wiesner, Block Leader, presented highlights of the Block 2 Review/Action Plan. She felt more confident this year than in the past with regard to **coverage of concepts**, due to **better organization and more integration throughout the block**. Block 2 consists of six disciplines and two longitudinal blocks and is basically the students’ first experience with the more involved scientific content of the curriculum. Students are exposed to a few more activities per week than in the shorter Block 1. Block 2 has a pivotal role in the development of the students.

This year leadership focused on **organization of content** via the development of more framework models so that topics could be found more easily. We are now in the third iteration of Western Reserve’s first year curriculum. Between the initial and second years, Block 2 made greater adjustments than those occurring between the second and current years.
A key personnel change includes the addition of Dr. Jim Bruzik of The Center for RNA Molecular Biology as the Block 2 co-leader. Dr. Wiesner recognized the importance of dedicated educators.

She referred members to the Survey Data, which indicate significantly higher satisfaction scores for each content area from the Class of 2012 as compared with those from the Class of 2011. Scores for two of these eight areas, strong to begin with, remained exactly the same. Dr. Wiesner explained that scores had not bottomed out but had slightly gone forward. Student experiences are different every year.

Dr. Wiesner highlighted a few suggested changes to improve Block 2 for the Class of 2013:

- Help the students with assessment by adding a review of all SEQs every week. The Block 2 exam has all integrated subjects, and this makes it more challenging for students trying to learn concepts in their first integrated block experience.
- Prepare a “mock” exam of sample SEQs for students to take mid-block to see how prepared they are. This would not be a secure exam, yet it would provide students with exposure to the exam format.
- Take advantage of different ways to organize the block. The Course Description is continually revised with inclusion of more directions and resources.

Block 2 co-leader, Dr. Jim Bruzik continued the Block 2 presentation with an update on the use of medium-sized groups. Medium-sized groups have had a varied reception over the years. It was decided to change the name to Expert Inquiry (EQ) Groups. The procedure had been for students to work on different sets of problems prior to coming to group with their “homework” answers. This was not a popular activity. This year due to a lag, the problems on Breast Cancer – Microarray Analysis were not released to the students until 10:00 a.m. upon their arrival in group. A mini-review had been given ahead of time. The number of students in the EQ Group is the size of two IQ Groups combined. That day, the 18 students in each EQ Group were divided into small groups of 2 or 3 to work on different problems and report back to their re-assembled EQ Group. Students compared the online clinical data arrived at by using the micro-technology discussed. This session was very well received. Students liked the in-class activity coupled with some prior baseline reading.

Dr. Bruzik emphasized that it is extremely difficult, however, to find 20 faculty leaders for the 10 medium-sized groups. Dr. Wiesner explained that one clinically trained individual paired with one bench scientist is the preferred duo for EQ Group leadership. Active student engagement is imperative to the success of these group activities. A group leader can get discouraged if he/she sees students checking their e-mail during the session. Dr. Bruzik is an advocate of the Turning Point Audience Response System (ARS), which provides an immediate response and maintains student engagement in the activity. He urged faculty to incorporate Turning Point into their PowerPoint slides by planting questions ahead of time.

Dr. Ernsberger suggested using Turning Point in an informal pre-test and then a post-test to look at learning and retention.

Dr. Bruzik next reviewed the Journal Clubs. Medical students begin reading the primary literature in their first year and continue throughout their lifetime. Dr. Bruzik suggested dividing the EQ Group into smaller subsets using the “jigsaw technique,” whereby one subset reads one paper, another a second paper, and a third yet another
paper. Then the students from all three subsets are mixed up so that they are required to explain to each other the substance of the paper they read. This activity enhances and maintains student interest and can be used in both lecture and EQ Group format.

Dr. Wilson-Delfosse added that Block 4 uses the Turning Point audience response system.

Year I student, Mr. Sunny Patel agreed that Turning Point maintains student engagement.

Dr. Armitage inquired about reducing the number of EQ Groups from 20 due to the difficulty in recruiting faculty.

Dr. Bruzik noted that this year we did not have “floating” facilitators, which resulted in needing a large number of substitute group leaders. In response to Dr. Armitage’s suggestion, however, he favors making a serious effort to maximize faculty/student contact. The larger the group, the more space becomes a problem.

Dr. Wiesner agreed with Dr. Bruzik that it was more difficult this year to find faculty group leaders. However, she pointed out that the larger the group, the quieter the students. The medium-sized group affords students the opportunity for faculty to teach them.

Dr. Armitage asked Dr. Wiesner and Dr. Bruzik how they assess the success of their block.

Dr. Wiesner explained that the Block 2 design team meets on a monthly basis. She described the design team as a “good, cohesive group” that finds the “holes” and builds from there. Dr. Wiesner continued, “We listen to our students. Are we providing an environment to learn? We struggle with the level of our tests. We are good at keeping our exams at the same level, but it is hard for us to know what to change.”

Dr. Ernsberger, speaking as a Block 3 and 4 facilitator who has reviewed cases, felt that students are coming out of Block 2 with a deficit in that they do not know cell biology and cell signaling.

Dr. Wiesner replied that following the very first implementation of Block 2, the decision was made to move up the principal concepts by eliminating all IQ Groups from Week 1. Dr. George Dubyak developed a mini-curriculum on cell signaling. However, the block’s eleven weeks deal with other content besides cell biology. We do not have a situation where the students can keep coming back to reinforce this particular knowledge. Furthermore, in the following curricular cycle, Blocks 2 and 3 each lost one week to give additional time to Block 4.

Dr. Wilson-Delfosse added that at the beginning of Block 4, two weeks are spent on cell biology. There is one lecture and one small group.

Dr. Ernsberger felt that this is not enough.

Dr. Wiesner raised integration-related challenges: Block 2 needs to lead into Block 3. Block 2 must pay attention to balance. Block 2 is not just Molecular Biology or Genetics. For example, much material related to the Cancer curriculum is contained as well.

Dr. Wilson-Delfosse welcomed Dr. Ernsberger’s perspective on cell biology coverage.
Dr. Terry Wolpaw recalled that Dr. Wilson-Delfosse has observed every IQ Group and noticed variation among groups. We need to get all groups to reach a desired level.

Dr. Armitage thanked Dr. Wiesner and Dr. Bruzik for their “fantastic report” and the “great job” they have done as block leaders. He asked if they had any USMLE results.

Dr. Wiesner mentioned that the NBME exam has been coded to indicate Block 2 disciplines. Some questions are integrated. We can look at the subsections.

Dr. Ornt added that the USMLE singles out 20 different areas. This is broad, but it is the best we can do. We are concerned about locating “holes” in our curriculum. There is no single area where our students did not excel above the national mean. However, this does not necessarily mean that our curriculum has no significant omissions. Our students could have covered a deficient area on their own; they know how to study.

Dr. Wiesner added that the multiple-choice-questions (MCQs) that we go over continually might be on the NBME. We are trying to train ourselves to determine whether our students are getting the material in real time from one week to the next.

Both Drs. Wiesner and Bruzik indicated that we do not have access to how our students are answering their SEQs every week.

Dr. Wilson-Delfosse inquired about the number of randomly selected questions we would need to look at to get a feel for how our students are doing.

Dr. Klara Papp answered that we have a breakdown consisting of external/internal measures for how our students do on the NBME 100-item test.

With the mention of competencies, Dr. Wiesner expressed interest in finding out in what areas our students need to improve and where they are developing competencies.

Curriculum Monitoring Council

Dr. Dan Ornt, Curriculum Monitoring Council Chair, explained that the CMC hears block reports before they are presented at the CME. Yesterday the CMC heard about IQ Groups.

Dr. Armitage surmised to guest presenter, Dr. Georgia Wiesner, that her Block 2 Review/Action Plan required considerable self-reflection and other sources of help.

Dr. Wiesner explained that the block report is compiled over time and benefits from much feedback. She recognized the outstanding efforts of Block 2 Course Manager, Ms. Nivo Hanson, who has provided support to this block since inception of the curriculum revision. Ms. Hanson makes herself easily accessible to both faculty and students. Dr. Wiesner mentioned that she could not have prepared the write-up for the LCME without Ms. Hanson as a resource.

Dr. Wilson-Delfosse stressed that the course managers are indispensable to this time- and administrative-intensive curriculum.

Dr. Terry Wolpaw explained that since we tend to ask faculty to accomplish two things instead of one, the School of Medicine strives to provide them with great assistance via its dedicated support staff.

Dr. Wilson-Delfosse wished to recognize both Dr. Terry Wolpaw as the “captain” of this effort, and Ms. Minoo Darvish, Executive Director of the Office of Curricular
Affairs, as the “next in command,” whose efforts are central to the success of this program.

Library Update

Mrs. Virginia Saha, Cleveland Health Sciences Library Director, announced her decision to subscribe to the **Henry Stewart Lectures**—taped lectures by experts in the field of biomedicine—based on strong interest from undergraduate and basic scientist constituents. At the February 26 CME meeting, discussants failing to take advantage of the free one-year trial seemed reluctant to endorse the format without an extension of the trial. There are over 100 quality lectures and more are added all the time. The lecture series has been available to the faculty, and now Mrs. Saha intends to put it on the student portal. Discussants asked about opportunities for downloading the lectures as a podcast and for streaming video.

Academic Computing Update

Dr. Irene Medvedev, Director for Academic Computing, mentioned that from an IT perspective, the CWRU School of Medicine is ahead of many medical schools.

Update from the Office of Curricular Affairs

Dr. Terry Wolpaw, Associate Dean for Curricular Affairs, announced that the **Portfolio Subcommittee of the Assessment Committee** is looking to **develop a group of reviewers.**

Dr. Armitage thanked Dr. Klara Papp for her **CAML workshop** for his Department of Medicine fellows.

Dr. Papp added that the **Center for the Advancement of Medical Learning** is compiling a **fall survey of CAML workshops.** When you receive your copy of the survey, you will be asked to identify which workshops you feel are the most important, which are of lesser importance, and which new workshop topics you would like to suggest.

Dr. Wilson-Delfosse mentioned that CAML recognizes faculty completing three workshops with a certificate.

While this is commendable, Dr. Armitage acknowledged that motivating CAML participants is like “preaching to the choir.” He would like to see many more faculty become involved in faculty development.

Respectfully submitted,

Lois Kaye
Secretary to the CME