Case Western Reserve University  
T501 School of Medicine  
June 11, 2009 CME Meeting

PRESENT: Dr. Keith Armitage, Chair; Drs. Wanda Cruz-Knight, Paul Ernsberger,  
Barbara Freeman, J. Harry (Bud) Isaacson, Martin Snider, Amy Wilson-Delfosse, Daniel Wolpaw, James B. Young  
Drs. Alan Hull, C. Kent Smith, Terry Wolpaw;  
Drs. Robert Haynie, Klara Papp; Mrs. Virginia Saha, Ms. Siu Yan Scott;  
Ms. Lois Kaye (secretary)

VOTING MEMBERS ABSENT: Drs. Jalal Abu-Shaweesh, Robert Bonomo, James Bruzik, Abdulla Gori, George Kikano, Mimi Singh; (Student listed per 2008-2009 academic year:) Ms. Anna Brady (Year IV College student representative), Mr. Jun Xu (Year IV College student representative), Mr. Nikolai Sopko (M.S.T.P. student representative), Ms. Maureen Burke (Year II University student representative), Mr. Donelle Cummings (Year II College student representative), Mr. Sunny Patel (Year I University student representative becoming Year II)

GUESTS: Dr. Scott Frank

Comments from the Chair

Dr. Keith Armitage, CME chair, opened the meeting by reviewing the April 30, 2009 CME minutes, which were approved as distributed.

At the most recent Faculty Council meeting, the question was raised whether the CME would be willing to survey the faculty about the new Western Reserve curriculum, as there still exists disenfranchisement.

Dr. Klara Papp replied that such a survey actually took place one year ago. It can be re-sent. She will show Dr. Armitage the data gathered.

Dr. Armitage recognizes the need to make people feel included. When Mrs. Ginger Saha inquired about the origin for this suggestion, Dr. Armitage viewed it as a response to the concerns of disenfranchised individuals. He also brought up the requirement that residents must evaluate their program every year. Dr. Armitage would like to use the faculty survey of the new curriculum as a formative measure. An annual review of the curriculum by faculty and residents could lead to an action plan.

Dr. Kent Smith endorsed formative use of the survey. He also felt that the chairs are supportive of the new curriculum.

Comprehensive Program Evaluation and Student Achievement

Dr. Klara Papp, Director for the Center for the Advancement of Medical Learning, presented CWRU Student Achievement and Student Perceptions in Western Reserve. She explained that “student achievement” was measured by USMLE exams, faculty-defined medical school competencies, and student perceptions of the
curriculum with regard to learning climate, attitudes towards social issues in medicine and learning approaches. The handouts refer mainly to students in the University Track Program. The USMLE Scores components include students in the College Track.

When the new curriculum was in the design stage, a plan for program assessment was developed taking into account these three measures:

1. Cognitive Behavior Survey
2. Attitudes toward Social Issues in Medicine
3. Learning Environment Questionnaire

Today Dr. Papp is reporting:

1. USMLE Scores
2. Performance Data
3. Student Perceptions

**Demographic Characteristics** of three CWRU medical school classes—Class of 2008, Class of 2009, and Class of 2010—have for the most part remained stable across time. Matriculating class data do **not** include College Track students. Changes are noticed in the percent of male and female students and in the percent of Ohio residents. Dr. Smith pointed out that the Class of 2009 is the first class without the Ohio quota requirement.

The first 18 months of the curriculum comprise the Foundations of Medicine and Health component. Results show that CWRU students score significantly above the national average on the USMLE Step 1 for all years reported.

In the accompanying chart, the National Board of Medical Examiners (NBME) provides a range indicating score distribution for each of the content areas (discipline/organ system) covered in the USMLE Step 1 given to first-time test-takers in 2008. A class average with variance is charted to target improvement.

In reply to Dr. Alan Hull’s request to receive the College Track score summary and the University Track score summary separately, Dr. Papp replied that the NBME reports CWRU School of Medicine as one institution and does not separate results according to College Track and University Track students.

Both Drs. Jim Young and Alan Hull felt confident that College student scores for Epidemiology and Biostatistics will rank in the extreme right, indicating very strong performance.

Dr. Armitage felt that the USMLE Step 1 score performance was a strong endorsement of the new curriculum, the College Track, our students, and our faculty.

Dr. Papp next presented **Student ePortfolio Results for the 9 core competencies**. This component pertains only to University Track students. The chart represents the first-time attempt and achievement of the Class of 2010 and the Class of 2011 to date. Students received one of the following grades per competency: 1) “Meets,” 2) “Meets with targeted areas,” or 3) “Does not meet.” Different variables contribute to receiving a “Meets with targeted areas” or a “Does not meet” grade, such as insufficient evidence or the need for a stronger essay.

Dr. Terry Wolpaw explained that a student receiving a “Does not meet” grade sits down with the Society Dean, remediates, and revises the ePortfolio essays for the faculty reviewer to reassess. The student is able to continue on in the curriculum while working to improve achievement in the competencies designated as not met.
Starting in 2006, the Survey on Cognitive Behavior, Attitudes toward Social Issues, and Learning Environment has been administered annually in spring at the end of the second year (with the conclusion of the Foundations of Medicine and Health) for the graduating classes of 2008, 2009, 2010, and 2011. It is also administered again in the spring of the fourth year prior to graduation. Results of the fourth year survey for the Class of 2008 were discussed later on under the clinical curriculum segment of Dr. Papp’s presentation. The current handout indicates results from the Second Year Survey administered in 2006, 2007, 2008, and 2009. A scale of 1 to 5 is used, with 1 equivalent to “Strongly Agree” and 5 to “Strongly Disagree” based on a given statement. One can compare class means across rows.

This 91-plus item questionnaire includes items related to:
- Cognitive Behavior
- Attitudes toward Social Issues in Medicine
- Learning Environment
- Research and Scholarship in Fourth Year Survey only.

The Cognitive Behavior Survey examines student attitudes toward effectiveness of memorization, conceptualization, and reflection as a way to learn.

Dr. Papp mentioned that Dr. Dave Aron constructed the Medical Error scale included in the Attitudes towards Social Issues in Medicine component of the questionnaire, encouraging student awareness and recognition of their own errors and admitting them.

Dr. Wilson-Delfosse was impressed with the candid nature of her IQ Group, where students were willing to admit when they were wrong.

Dr. Papp highlighted certain trends gathered from the resulting data. Under the Cognitive Behavior Survey, reliance on memorization seems to be declining; learning through conceptualization (picturing a visual representation) may be going up, as well as review via reflection. Scores in the Attitudes towards Social Issues in Medicine have remained stable over the years. The only change has come about in the added Medical Error category, which seems to be going up. In the Learning Environment segment, Meaningful Learning Experience has been fluctuating, the Flexibility Scale has been going up, the Nurturance measure has remained the same, the Emotional Scale is varied, and Student-Student interaction has remained stable as well.

Dr. Papp recognized Ms. Siu Yan Scott, Manager and Program Evaluation Coordinator of CAML, for “an amazing job in getting and implementing the data.”

Dr. Papp next proceeded to discuss student achievement in the Clinical Curriculum—the core clinical rotations and beyond. The USMLE Step 2 consists of two parts: Clinical Knowledge (CK) and Clinical Skills (CS).

All USMLE Step 2 Clinical Knowledge (CK) mean scores for first-time test-takers were graphed across 10 years, from 2000 to 2009. The Class of 2010 is not represented. Reporting of USMLE Step 1 scores is based on the calendar year, whereas reporting of USMLE Step 2 CK scores is based on the academic year. In a separate chart is the range indicating score distribution for each of the disciplines covered in the USMLE Step 2 CK given to first-time test-takers during the academic year July 2007 through June 2008. Again a class average with variance is charted to target improvement.
A discussant noted that the CWRU pass rate for the USMLE Step 2 CS first-time test-takers was only 90% for 2009. This reflects student performance in the Classes of 2008 and 2009. The year 2006 marked the start of the new clinical curriculum. Dr. Papp distinguished between the Class of 2006 (graduating in 2006), which actually preceded the new curriculum by two years, and the Class of 2008, which was here for the start of the new clinical curriculum in 2006. The graph shows a dip in both the national mean and CWRU scores in 2006. Dr. Armitage noticed that the “155” representing the amount of first-time test-takers in 2006 includes College Track students.


Dr. Isaacson wondered how to advise students scheduling the USMLE Step 2. Should it be delayed in order not to risk jeopardizing residency application standing?

Dr. Smith replied that students with high Step 1 scores going for competitive residencies (such as ophthalmology, dermatology, urology, etc.) tend to delay taking the USMLE Step 2.

Dr. Terry Wolpaw added that it is the student perception that taking the USMLE Step 2 can hurt you. But, can taking the USMLE Step 2 help you? Students doing well on the USMLE Step 1 usually do well on the USMLE Step 2. Are we advising our students correctly?

Dr. Armitage explained that students who did poorly on the USMLE Step 1 are generally advised to take the USMLE Step 2 early. The burden of proof rests on the student, who is advised to take the USMLE Step 2 before the Match list goes in. He added that Neurosurgeons are the only group advising students not to take the USMLE Step 2 until after the residency interviews. The Step 2 is not regarded as a priority for other competitive residencies such as ophthalmology and urology.

Is there a significant correlation between the USMLE Step 1 and Step 2?

Dr. Armitage felt that the USMLE Step 2 focuses on functioning in a clinical setting and predicts success in clinical training.

Dr. Papp presented the last chart of her handout: Survey on Cognitive Behavior, Attitudes toward Social Issues in Medicine, and Learning Environment Questionnaire administered during the spring of the fourth year (at the end of clinical education) prior to graduation. Results are given for two pre-Western Reserve classes: the Classes of 2006 and 2007 and for two Western Reserve classes, clinical only: the Classes of 2008 and 2009. Note year of graduation is the same as the year of survey administration. In the Cognitive Behavior category, the trend was toward increased change in student perspective toward memorization, conceptualization, and reflection. Attitudes towards Social Issues in Medicine change more significantly in the clinical years. On the other hand, the Learning Environment questionnaire did not evidence much change at all over the years.

Dr. Papp explained that she will continue to track these data presented today and plans to report to the CME on a regular basis. She also has a separate report on the lifelong learning questionnaire that she will bring to the CME at a later time.
Discussion returned briefly to the licensure exams. Dr. Terry Wolpaw felt that students do not study hard for the USMLE Step 2 unless they are at risk. Dr. Armitage believes that all students take the USMLE Step 1 seriously because they regard that exam as important for getting into residency.

This segment of the meeting concluded with Dr. Armitage thanking both Dr. Papp and Ms. Siu Yan Scott for their impressive effort. Dr. Terry Wolpaw complimented Ms. Scott on tracking data and outcomes prior to the Western Reserve curriculum change to enable us to have historical controls in this report.

**Block 1 Review/Action Plan**

**Dr. Scott Frank**, Block 1 Leader, presented highlights of his review of the 2008, or third, iteration of “**Becoming a Doctor**,” the initial block experience for entering students and the first block offered in the Foundations of Medicine and Health curriculum. Block 1 deals with population health and civic professionalism. Dr. Frank began by mentioning **cases** as one of the **strengths** of the block. The Pandemic Flu Tabletop Exercise was well received. The tabletop exercise will be repeated this summer, July 2009, with the addition of students taking on roles of community stakeholders. Also well-received were the **large group sessions with patient correlations**, the **summer book club**, the **Health Promotion Project** (integrated for the first time last summer), and the **weekly themes**. Overall, Dr. Frank felt that Block 1 reflected greater stability this past year.

Dr. Frank singled out the integration and development of **Epidemiology and Biostatistics** as one of the **areas still needing work**. **Community field experiences**, an ongoing component of the curriculum for the past three years, still need further definition. Dr. Frank next outlined changes planned **for this coming summer**:

- **The Population Health Project** is now **longitudinal**, beginning in Week 1 and finishing in Week 5. We have better health-specific prevention data available this year for 20 different schools and will generate a report for each school. The report may go to the individual school. We want our students to go into the communities where they are involved. Key contacts will speak to the students about their own community. Dr. Frank used the term “windshield survey” to refer to a checklist that can be completed while driving through a community, using population-available data on the community.

- A greater degree of applied **biostatistics** by doing project-oriented tutorials

- **Cases** were already reviewed with Dr. Steve Ricanati and went well, so only “tweaking” is needed.

- **Community field experiences** will be broadened (from diabetes and HIV only) to include community resources available for attending to any chronic condition. Dr. Amy Wilson-Delfosse asked Dr. Frank if he planned to add **team-based learning**. Dr. Frank replied that four groups are designated for team-based learning. Dr. Wilson-Delfosse reminded that faculty need to be trained.

  Dr. Frank listed cases: Pandemic flu tabletop exercise; the well-adult exam with emphasis on screening and prevention (includes positive screen for alcoholism); diabetes; sexually-transmitted infection in adolescents; and medical systems error. Discussions will also occur about health systems and health reform per student request. This is a
short block and the decision was made to stick with one case per week for this first IQ Group experience.

Dr. Frank is trying to coordinate and collaborate with Structure in Block 1. He regards Block 1 and Foundations of Clinical Medicine, the Tuesday morning seminar series, as a continuum. Block 1 impacts on FCM. Currently, liaisons sit in on each other’s meetings. Dr. Frank is eager to see more epidemiology/biostatistics integrated into FCM.

Dr. Armitage thanked Dr. Frank for his valuable Block 1 update and wished him continued success with the program for this summer.

Library Update

Mrs. Virginia Saha, Director of the Cleveland Health Sciences Library, mentioned the recent state budget negotiations between the Ohio House of Representatives and the Ohio Senate and described its perceived impact on libraries. The operating budget for OhioLINK and for state-supported schools will be adversely affected under any of the current budget proposals. Private institutions like CWRU are a little better off than public institutions, but CWRU depends heavily on OhioLINK-provided resources. The Health Science Library pays over $800,000 annually to OhioLINK for access to electronic journals and databases. While we support the consortium approach to providing electronic resources, our first loyalty is to the CWRU constituency when allocating available dollars.

Survey Presentations for Next Meeting

Dr. Armitage requested that Dr. Papp present results of the Faculty Perceptions of the Western Reserve Curriculum Survey at the June 25 meeting. Based on much personal experience with questionnaires, Dr. Armitage recommends short surveys with textboxes and a few high-yield questions. The CME will take responsibility for surveying our graduates one year after graduation.

Respectfully submitted,

Lois Kaye
Secretary to the CME