

June 22, 2006 CME Minutes

1. **Dr. Murray Altose**, CME chair, led the final CME meeting of the 2005-2006 academic year.

2. **Update on Status of Academic Computing**

Dr. Dan Ornt, in his capacity as Associate Dean for Clinical Affairs, thanked the CME for inviting the IT group back so that Dr. Wendy Shapiro could provide an overview of the genesis of the School of Medicine/“Central” Computing relationship and Dr. Irene Medvedev could demonstrate the basic structure for the new eManagement System.

Dr. Wendy Shapiro, Director of Instructional Technology and Academic Computing for Central IT, explained that about one year ago her department was asked to bring in AV support. The Basic Science Curriculum Council Chair commented that the techs have been exceptional in getting rooms open and computers ready in a timely manner. This same team will be supporting the small group rooms. About six months ago, Dr. Shapiro met with the Associate Dean for Curricular Affairs to support the new curriculum with supplemental materials. In April, the transition of programmers started taking place, with a move toward “Central.” In May, Dr. Shapiro began working with Dr. Medvedev and then the Curriculum Monitoring Council Chair and the Associate Dean for Curricular Affairs. The work started to transition in June. Although Dr. Shapiro has other required responsibilities, she indicated that Central places the School of Medicine as the top priority. She explained the reporting structure: the three remaining School of Medicine programmers report to Dr. Medvedev, who reports to Dr. Shapiro. Dr. Shapiro in turn reports to Dr. Lev Gonick. Dr. Ornt indicated that the reporting line carries through to the Vice Dean whenever content is concerned. Programming questions, however, go through Central. Dr. Shapiro mentioned that a tremendous amount of work has been done in developing the software, which will be opened to the students July 10. The new curriculum is a “work in progress,” prioritized by time requirements—ready when needed.

Dr. Ornt called on **Dr. Dan Wolpaw**, Clinical Curriculum Council Chair, for an informal overview on clinical support and collaboration with the Cleveland Clinic Lerner College of Medicine. Dr. Wolpaw explained that the **patient log initiative**, led by Dr. Neil Mehta, resulted as an outgrowth of the past year’s collaboration between University and College faculty to develop one clinical curriculum for both programs.

Dr. Altose emphasized that while the Foundations program is specific to the University program, the **clinical program** is designed to be fully **integrated** between both the University and College programs and includes sites at University Hospitals/VA, MetroHealth Medical Center, and the Cleveland Clinic. The assessment piece must be integrated.

Dr. Irene Medvedev presented a demonstration of the new **eCurriculum Management System**. **Content, assessment, and feedback** are managed electronically. **Student portfolios**, listings of the **current week’s activities** replete with pre-class preparation requisites for the in-class activities, and **learning objectives** presented in such a manner that students are able to enter their own notes and save the files—are some of the worthwhile features.

Dr. Ornt added that the eCurriculum Management System is devised in a way that the Course Managers can enter material directly from the block leader.

Dr. Medvedev explained the **variety** of ways by which the student can ‘**search**’ the system: learning objective, key word, major concepts, and faculty.

Dr. Dan Wolpaw presented a brief description of the **patient log**. The student enters data pertaining to each patient encounter: date, core, area, site, discipline, patient information (age, gender, race, primary and secondary symptoms), student’s self-definition of his/her own role, and comments. The student can request feedback on his/her procedures if desired. The student **logs all** patient encounters. A certain **percent** of these encounters **require faculty feedback**. There is an “exit without assessment” button option. However, the system is also preloaded with faculty names and e-mail addresses. After faculty complete a second formative assessment on a particular student, a summative rating scale is available for completion.

Dr. Ornt explained that the e-mail request for evaluation was designed to draw more faculty into the system.

Dr. Wolpaw explained that faculty can go to the URL and log in to complete a student assessment. In addition, the clerkship director can request that faculty do an assessment. The primary e-mail address of the faculty member is used in an effort to make this system user-friendly.

Dr. Medvedev explained that once faculty have registered and created their password, it works for both clinical assessment and faculty feedback and assessment.

Dr. Ornt mentioned that at this point the eCurriculum skeleton is done with much remaining content to be entered. With regard to the assessment component, building a Likert scale and an assessment sheet for faculty are the next tasks.

Dr. Wolpaw mentioned that he is involved in anticipating problems that might arise in accessing the system. He acknowledged that there are many PCs and different hospital sites. Full beta-testing with the clerkship directors and other faculty will take place.

With respect to the existing curriculum, Dr. Terry Wolpaw mentioned that Ms. Patti Quallich continues as the link between the software and the faculty. The system is operating fine and will continue without need for transition. Dr. Wolpaw felt that the course managers are comfortable with the new system.

In response to one member’s concern about students not having standardized computers as of this year, Dr. Ornt explained that there are only 3 types of systems involved: Dell, Toshiba, and Mac. These computers have been delivered in advance and Administrative Computing staff have been setting them up to be sure that they are running correctly. Sixty-five computers are already on site and many more have been ordered. There is also a large supply of between 20 to 25 loaners.

Dr. Ornt added that either Dr. Wendy Shapiro or Dr. Irene Medvedev will attend CME meetings to keep members updated. Dr. Ornt also mentioned that Mrs. Virginia Saha has been working closely with the IT team.

3. **Basic Science Curriculum Council Year-End Report**

Dr. Amy Wilson-Delfosse, Basic Science Curriculum Council Chair, summarized **major projects**. Faculty were highly committed to the **Remediation Plan**, contributing much extra time meeting and working with identified students to address learning deficits. The new remediation strategy applied to the Classes of 2008 and 2009 and became effective August 2005. Society

Deans spoke with all identified students taking mastery exams to get their feedback. Students agreed that it was a positive experience, forcing them to return and master needed concepts. Students appreciated the faculty's flexibility that led to revising the Mastery Block Schedule to better accommodate the students' needs. It is felt that the program could be improved by increasing student responsibility for remediation plan administration, or oversight. While the remediation plan offers a relatively consistent approach, the necessary progression could be better structured to achieve more ownership by the students and a timely completion. Currently, the plan is teacher-centered, but in keeping with the student-centered dynamic of the new curriculum, why not shift the focus of remediation plan oversight as well? Dr. Wilson-Delfosse suggested the following to improve timeliness in the remediation plan for the coming year:

- Improve communication so that a student can begin remediation soon after failing an examination.
- Score summative exams in a more timely fashion so that remediation can begin promptly.
- Motivate faculty to submit Mastery Exam questions in a timely fashion.

Dr. Wilson-Delfosse next focused on the **student feedback sessions**. As a result of no longer providing lunch, student attendance at feedback sessions dramatically declined. Additionally, those students attending are not necessarily representative of majority class opinion. Dr. Wilson-Delfosse held a series of meetings with students from the Class of 2009 and subcommittee chairs which culminated in the implementation of the **Feed-forward Program**, which was piloted near the end of the 2005-2006 academic year before its intended large-scale application to the Class of 2009 starting in August. A focus group of students meets with the committee chair *before* the committee starts, thus laying the groundwork for expectations. The chair explains the basic structure of the committee and takes questions from the students. As all our committees differ from one another, students find this pre-committee overview very helpful. The students attending the feed-forward compile a document reflecting the content of this session and distribute it to their classmates. Dr. Wilson-Delfosse intends to continue meeting with the students in order to better plan weekly feedback for the Class of 2009 and ensure the highest quality of education. The Class of 2009 is the first class of the new curriculum to fulfill the research and scholarship requirement and to experience the new clinical program.

Dr. Wilson-Delfosse concluded by noting that the Basic Science Curriculum Council will be involved in **transition for the next half-year between the new and old curricula. February 2007 will mark completion of the transition to the new curriculum.**

Dr. Altose anticipates that the strides made in both remediation and feedback will be transitioned into the new curriculum.

In response to a member's question about **recruitment of faculty**, Dr. Terry Wolpaw mentioned that faculty who have never been able to teach have become involved in the new curriculum. The traditional curriculum was specialty-based, whereas the new curriculum is *facilitator*-based. Recruiting is concentrated on the first few blocks right now with the hope that others will view teaching in the new curriculum as a positive experience and decide to become involved.

Dr. Altose thanked Dr. Wilson-Delfosse for her leadership of the Basic Science Curriculum Council and the terrific products resulting this year.

4. **Clinical Curriculum Council Year-End Report**

Dr. Dan Wolpaw, Clinical Curriculum Council Chair, reviewed accomplishments new this year. **Foundations of Clinical Medicine**, formerly known as the Fundamentals of Clinical Mastery,

includes the patient-based programs: **Rotating Apprenticeships in Medical Practice** or **RAMP** and the **Community Preceptorship** or **CPCP** under the direction of Dr. Mimi Singh and Denise Carter-O’Gorman, **Clinical Skills (Communications and Physical Diagnosis)** training under the direction of Kathy Cole-Kelly and Dr. Susan Padrino, respectively, and the Tuesday morning **Foundations of Clinical Medicine Seminars** (formerly known as SCP). Student feedback on RAMP and CPCP have been very positive. The logs used in RAMP have proven especially valuable as an assessment tool. This year RAMP will include experiences for all students in the home care program (home-based practice), psychiatry, hospice/palliative care, emergency room, and an office-based practice. The CPCP program will begin its second year this February and has been a valuable source of experience and clinical skills practice for the students. The Clinical Skills program is making ongoing adjustments in relation to the new curriculum calendar, and the leadership worked with the faculty at the Lerner College to introduce a new **End-of-Year II OSCE**.

Dr. Wolpaw reported briefly on the development of the **Clinical Immersion** week-long experiences for the Year I curriculum blocks. Each block in Foundations of Medicine and Health has a working group, and the Block 2 planning is moving along.

The new **core clinical rotations (clerkships)** represent a total collaborative effort between College Program and University Program faculty. Students have already indicated their rotation/site preferences, all of which the Registrar has successfully accommodated. Starting in July 2006, College and University students will join each other in the clinical rotations. **Bridge Week**, overseen by Dr. Robert Haynie, will run July 10 through July 14 to help students from both the University and College programs make the transition from the pre-clerkships to the clerkships. Dr. Kathy Rosen and the Mount Sinai Skills and Simulation Center will be involved. Students will be introduced to the hospital system, take part in skill development, and take the NBME pre-test.

Assessment in the core clinical rotations will utilize the **electronic patient logs** with faculty feedback and the newly designed **NBME progress test**, the product of a ground-breaking collaboration with the National Board which will replace the subject (“shelf”) exams. The progress test will assess the student’s knowledge base as he/she moves through the third year. A 230-item test will be taken four times, each exam designed to cover the same material but with entirely different question forms. The results will be mapped to each discipline to provide feedback for students and quantitative information for grades. Participation in the Friday afternoon curriculum and performance on the Advanced Skills OSCE at the end of Year 3 will also be factored into the student’s overall assessment.

Dr. Chao explained that for Basic Core I (Family Medicine, Internal Medicine, Surgery) at University Hospitals, they will have consistent student/faculty learning groups over the course of the 16-week block. Family Medicine will have one faculty member for seven or eight students who will meet every other week for 16 weeks for case discussions about their patients.

Dr. Dan Wolpaw added that Dr. Chao is developing a formative OSCE at UH/VA which he will share with other sites.

Faculty development on improving observation and feedback skills has begun at the VA, University Hospitals, and MetroHealth Medical Center under the direction of Dr. Susan Padrino and Dr. Peggy Stager.

Plans are proceeding for integrating Basic Science across all four years of the curriculum. During the Clerkship Blocks, the **Friday afternoon** curriculum will include 6 hours per month of “**Basic Science Correlation**” sessions. In addition, the **Area of Concentration**, a student/advisor-designed linkage of three electives in Year 4, will include an experience in the basic science underpinnings of the area of interest.

Our students will have the opportunity to start the **Advanced Cores** in March.

Dr. Lou Binder mentioned that the current focus is on achieving consistency in objectives for the Advanced Core and getting faculty together at the various sites.

Dr. Chao asked Dr. Binder about one-on-one relationships in the Advanced Core. Dr. Binder replied that the intent is to provide continuity to the students via an apprenticeship (hands-on experience) with senior preceptors or faculty. One example could be a walk-in emergency site with a preceptor. As trust develops, the preceptor would grant the student more freedom. Along with familiarity there would also be accurate evaluations.

Dr. Wolpaw added that experiences would differ at different sites. The cohesive menu for each site would consist in the choices conforming to the learning objectives.

Dr. Altose thanked Dr. Wolpaw for his leadership of the Clinical Curriculum Council and the remarkable developments over the last year.

5. **Two End-of-Year Reports from Dr. Terry Wolpaw**

A. **Office of Curricular Affairs**

Dr. Terry Wolpaw, Associate Dean for Curricular Affairs, addressed each of the seven **goals of the mission** of the **Office of Curricular Affairs (OCA)** and noted progress to date in each:

- **Providing leadership and collaborating with faculty, staff and students to plan, implement, enrich and revise the curriculum.**

The Curriculum Working Paper, prepared by the Faculty Working Group of the Dean’s Policy Steering Committee in February 2005, served as the guide for design of the new curriculum for the University Program. The OCA functions as the infrastructure to support both design and implementation of the new curriculum.

- **Providing educational support services to facilitate the planning and delivery of the ongoing basic science and clinical instructional activities.**

The Educational Support Team has supported 1) design teams for the new curriculum and 2) faculty in the ongoing implementation of the old curriculum.

- **Developing and implementing programs to assess learners and evaluate educational activities that will provide valid, reliable and useful data on the processes and outcomes of teaching and learning.**

The **end-of-year clerkship evaluations** have been revised and put online. These data are sent to department chairs twice a year.

The **evaluation of clinical teaching faculty**, new this year, generates a report sent to the faculty member's portfolio which can be used for promotion and tenure.

The **revised basic science end-of-year subject committee evaluation** is online.

The **evaluation of basic science teaching faculty** generates a report sent to the faculty member's portfolio which can be used for promotion and tenure.

The OCA provides the infrastructure for the **Curriculum Monitoring Council**, established in January to have *operational* oversight for the implementation and management of the new University Program curriculum. (The Committee on Medical Education oversees curricular *policy*.)

Collaboration with the **NBME** this year produced new assessment tools: a) Cumulative Achievement Tests for basic science blocks, b) Progress Tests for the clinical blocks, c) a 360-degree Professionalism Assessment Survey, and d) tools for Quality Improvement and Patient Safety.

- **Creating and implementing opportunities for teacher-learner development that will build educational excellence.**

A gift from Tom Graber, M.D. (Class of 1975) made possible OCA collaboration on a proposal for the **Center for the Advancement of Medical Learning (CAML)** "to enhance the practice and scholarship of learning and teaching at Case Western Reserve University School of Medicine through educational service and consultation as well as through educational research." Established by the Dean with Klara Papp, Ph.D., as its director, CAML provides both teachers and learners with a variety of resources. The Center will house faculty development and outside program evaluation, the latter overseen by outcomes evaluation specialist, Renee Lawrence, Ph.D. Throughout the year, OCA has organized a series of faculty development programs geared to teaching and learning methods encouraged in the new curriculum.

- **Seeking opportunities to work with faculty and students on educational scholarship and research about methods, assessment, teaching and learning in medical education and supporting the dissemination of findings at both local and national levels.**

The OCA-supported **Scholars Collaboration in Teaching and Learning** has completed its fourth year. Four abstracts were accepted this year for poster presentation at international medical education conferences. Completion of the **AAMC/Macy Foundation-funded Clinical Transaction Development Pathway** culminated in a presentation to the New York Academy of Medicine in December 2005.

- **Building a communication network among faculty, staff and students to enhance the sharing of best practices and the commitment to quality improvement.**

The OCA is working on the development of a **quality improvement curriculum for medical students** along with **methods of assessment**.

- **Providing support and expertise for seeking external funds to enable the piloting and development of educational innovations.**

Seeking external funding will be handled by outcomes specialist and grant writer Dr. Renee Lawrence through the Center for the Advancement of Medical Learning

B. **Year-End Progress Report on the New Curriculum**

Dr. Terry Wolpaw, Associate Dean for Curricular Affairs, referred back to the **Curriculum Working Paper of February 2005**, which specified elements to be designed and implemented for the new curriculum during the 2005-2006 academic year. Dr. Wolpaw provided a progress report on achievement in the following areas in accordance with designated specifications: **the five major components comprising the Case School of Medicine and Health curriculum**, multiple different methods of **student assessment**, the role of the electronic **syllabus**, **curriculum monitoring and ongoing revision**, **program evaluation**, resources for **faculty development and financial support**.

The following five elements are being implemented:

1. Social and Behavioral Context of Health and Disease
2. Scientific and Clinical Foundations of Medicine and Health
3. Research and Scholarship
4. Clinical Experiences
5. Advanced Clinical and Scientific Studies

The Basic Science Curriculum Council Chair, Dr. Amy Wilson-Delfosse, described a typical week in the Foundations of Medicine and Health curriculum as containing 6 hours of small group; 5 hours of interactive sessions (flexible as to size—small, medium, or large group); 2 hours of anatomy, histopathology & radiology; a 1-hour research & scholarship seminar, 4 hours of clinical skills in the afternoon, and 2 hours of Tuesday morning Foundations of Clinical Medicine Seminars (formerly known as SCP—Science of Clinical Practice).

In reply to a member's question as to whether attendance is required for small group, Dr. Terry Wolpaw explained that since students will be graded on their small group participation, attendance is necessary. Dr. Wolpaw explained the hope for increased attendance since the number of in-class hours has been reduced and there will be no video streamed lectures.

Dr. Wolpaw added that evaluation and assessment are well developed and ready to go.

The **syllabus** for the new curriculum is intended to be a rich source of information and of high quality. However, the syllabus is *not* to be used as the sole source. Students are expected to consult primary sources, which will consist of core readings and supplemental readings. There will be no paper syllabus.

Ongoing curriculum monitoring will take place via the Curriculum Monitoring Council, which consists of faculty, students, and administrators.

Recently, an **exemption from the IRB (Institutional Review Board)** was granted for program evaluation and student assessment of the new curriculum.

With regard to **financial support**, Dr. Wolpaw mentioned that Case Inquiry Group (IQ Group) and Clinical Learning Group facilitators will be awarded professional spending accounts.

Faculty development opportunities throughout the year included workshops led by Dr. Alan Neville of McMaster University, consultant on student-centered small group learning, and Dr. Mark Gelula from the University of Illinois at Chicago, consultant for interactive medium- and large-group teaching.

In reply to a member's question, Dr. Wolpaw explained that the role of the **Society Deans** is changing. Society Deans may begin meeting with small groups of students instead of only one-on-one. However, a serious matter, such as failure or if a student is in trouble, would retain the one-on-one format. A student advising system (peer advising) is also being created. There will be opportunities for students to reflect on their learning strengths and their further learning needs.

Dr. Dan Wolpaw added that one afternoon per month is built into the clerkship as "advising time." Peer mentoring will take place on a regular basis for candid feedback, similar to "a shared medical appointment."

Brief discussion on the merits of both primary sources and the syllabus followed. While the syllabus contains excellent material, is more to the point, and saves students time, consulting **multiple** sources is requisite in the practice of evidence-based medicine and encourages behaviors for use beyond medical school. The new curriculum was designed so that students would do readings in other sources besides the syllabus.

Dr. Altose thanked Dr. Terry Wolpaw and the productive Curricular Affairs staff for all their efforts this year.

Dr. Altose thanked Dr. David Preston for filling in on the CME this academic year and providing such "lively" contributions. Dr. Altose concluded by thanking all CME attendees for their participation this year.