

June 8, 2006 CME Minutes

1. Update on Status of Academic Computing

Dr. Murray Altose, CME chair, introduced IT guests invited to address concerns raised at the May 25 meeting prompted by the sudden change from medical school departmental computer support to central university computer support.

Dr. Dan Ornt, Associate Dean for Clinical Affairs, attributed the decision to consolidate operations for Academic Computing via Central university computing as of July to academic and educational budgetary issues in the School of Medicine. The Associate Dean for Curricular Affairs had already been working with Dr. Wendy Shapiro on an educational initiative. While working with Dr. Lev Gonick, Dr. Irene Medvedev will remain at the School of Medicine to focus 100% of her time on the new curriculum. The online patient log system, developed collaboratively, will be expanded to include both the College and the University Program starting this July. Another change this year: medical students need to select and buy their own laptop. The School of Medicine has offered three different choices, including a Mac, that can be ordered through Mr. David Pilasky. Laptops will be delivered to his department to be made ready and checked for proper functioning.

Dr. Lev Gonick, Vice President for Information Technology Services and Chief Information Officer, wished to explain the *context* of the decision. Approximately one year ago, the decision was made to collaborate in the Audio Visual area. "Central" currently runs AV in the School of Medicine. With tech support, one person manages 115 classrooms. Some medical school rooms have been upgraded during this time. Dr. Gonick felt that the consolidation has not only been cost-effective but worked well for the School of Medicine's needs. This same type of central support will now be applied to computing needs for the new curriculum. Dr. Wendy Shapiro has a background in Instructional Design. Central's role in the new curriculum is both to support and innovate. There will be a common management infrastructure with Dr. Shapiro as senior management. Dr. Gonick acknowledged that the School of Medicine lost some good talent as a result of this restructuring and that the new level of support cannot continue to deliver everything at the same priority level. He is currently working with Dr. Ornt to determine priorities. However, Dr. Gonick is committed to this initiative and asked faculty to contact him (lev.gonick@case.edu) with any concerns.

Dr. Altose asked Drs. Dan and Terry Wolpaw and Dr. Amy Wilson-Delfosse for their perceptions on how the new management has been going.

Dr. Dan Wolpaw mentioned that he has been very involved in clinical curriculum development and to a lesser extent in the Foundations piece. He agrees that the CCLCM collaboration went well. He appreciates the commitment of Dr. Gonick and Dr. Shapiro to "learning and listening" and feels that the transition has gone as well as could be expected. Dr. Wolpaw concluded by mentioning that there has been great communication and no impairment of IT services.

Dr. Amy Wilson-Delfosse focused her remarks on the six blocks of the Foundations curriculum. She has attended several meetings with both Dr. Medvedev and Dr. Shapiro. She clarified that the Foundations faculty, who are still working on organization, are what is slowing down the initiative, not the IT people. She referred to Dr. Gonick's acknowledgement of the "loss of talent," involving four programmers and indicated that this would likely result in the need to obtain additional resources from Central IT.

Dr. Terry Wolpaw felt that things have gone well. She has been meeting regularly with Dr. Shapiro and Dr. Medvedev. Like Dr. Wilson-Delfosse, Dr. Wolpaw agreed that the faculty, currently clarifying ideas on paper, are the reason for delays. Dr. Wolpaw expressed amazement at Dr. Medvedev's ability to turn whatever she requests into reality. Dr. Wolpaw described her own excitement over how much there is to learn by collaborating in a new environment. She anticipates that IT will help faculty access new service opportunities.

Dr. David Preston wished to go on record with a different perspective. He recalled his own involvement over the years in the clerkship curriculum and that of members of his department teaching in the Nervous System Committee. The reaction of his departmental colleagues to the reorganization was one of "shock." Dr. Preston finds "no good reason" to support systematically dismantling a department that served as "one of the gems" of the School of Medicine. Dr. Preston views Central's collaboration in the College Program's online patient log system as only a small portion of the electronic initiative. He believes that the medical school benefited from a great system under Dr. Tom Nosek's leadership. He expressed doubts about the timing of this decision, the budgetary savings, the additional effort needed to "reinvent the wheel," and the lack of transparency.

Dr. Henri Brunengraber posed two questions to the IT leadership: 1) What services to the student are at the bottom of the priority list? and 2) What is the number of IT people available to Case under the new structure?

Dr. Gonick responded that the reorganization will have no impact on the services offered the students. The main policy change is that the School of Medicine no longer buys its students computers. Per the Dean's directive, Dr. Gonick's priority is the curriculum. Dr. Medvedev will focus on the curriculum and he will do the augmentation. He reiterated that he was approached in the context of saving money.

Dr. Altose recognized that many IT tasks need to be addressed. How will they be accomplished? Dr. Gonick's reply was "a programming community."

Dr. Preston expressed concerns about the vulnerability of the fragmented new IT initiative. The medical school now has much less reserve, and new people have the additional task of learning what the School of Medicine does.

Dr. Altose spoke for the CME in asking the IT representatives for assurance that the different tasks required will be done in a timely manner with a high level of quality.

Dr. Brunengraber perceived that a major change in proficiency, production, and technology is required for the success of the new curriculum.

Dr. Ornt replied that we have not fallen below a critical value. The new onus is to get the paper work done so that the programmers can do their job. He described the excess capacity that was trimmed as a luxury. Dr. Medvedev's focus is completely on the curriculum now.

Dr. Dan Wolpaw mentioned that in the past, Dr. Medvedev had spent considerable time on clerkship assessment. With the development of the new clerkship assessment system in collaboration with the Lerner College, she can now concentrate on other parts of the curriculum.

Dr. Preston wished to go on record as calling for immediate reversal of the decision to eliminate the School of Medicine's Office of Academic Computing. He regards it as a mistake for which the School of Medicine will be paying for several years.

Dr. Terry Wolpaw wished to recognize Dr. Tom Nosek for his significant contribution in "bringing the School of Medicine to a whole new level." She invited faculty to be positive and work together in the new collaboration with Drs. Shapiro, Gonick, and Medvedev so that we can move forward and continue to be on the cutting edge.

Both Dr. Preston and Dr. Chao wished to recognize advances in the patient log system of the clinical curriculum of the *University* Program (HRSA grant funding Student Use of Handheld Computers in Ambulatory Clerkships) and did not feel that its development should exclusively be attributed to the College Program. Dr. Altose sees this as a collaborative endeavor.

Dr. Altose summarized the gist of the discussion: Dr. Gonick has expressed confidence in the new IT infrastructure by assuring a timely, high quality delivery and addressed issues of concern raised by some of the faculty. It will be up to the CME to hold the IT leadership accountable to avoid Dr. Preston's predictions.

Dr. Preston reminded that Case has always ranked at the top in the use of technology. Discussants inquired whether Dr. Nosek had been included in IT discussions so that Central would be knowledgeable of projects already in the works and connections cultivated.

Dr. Gonick explained that IT is concentrating on the most basic level before progressing to the next one. Central has been working with a team to find out what a Version 1 release is. They want to think about the gaps before they progress to Version 2. Feedback from students will also be taken into account.

Dr. Brunengraber suggested that the Curriculum Monitoring Council (CMC) could work with Drs. Gonick and Medvedev to ensure the transition. Dr. Altose replied that this is already in effect. The CMC takes regular and recurring reports from each block. Faculty will make known progress made in electronic support or the lack thereof. Faculty will know if their products are being produced.

Dr. Previs inquired about maintenance of the old curriculum for the Year II class (Class of 2009).

Dr. Gonick replied that he told the Dean that Central needed additional resources for this, since the same group is also engaged in supporting the new curriculum.

Dr. Medvedev explained the problem: the remaining programmers are so few in number and not all requirements for the new eCurriculum are available as of now. She expressed concerns about creating the full first version in time. This group has to provide support for the second and fourth year students as well. They cannot develop anything new for these students.

Dr. Altose felt that Dr. Medvedev's reservations need to be addressed.

Dr. Ornt felt that the reality of available resources requires prioritization to ensure that things run smoothly and that we can add on when possible.

Dr. Altose inquired whether important tasks would be left undone or lower priority projects would remain on the back burner.

Dr. Ornt replied that what needs to be done to get the curriculum to run smoothly would take place. Some things would have to be left for later.

Dr. Gonick mentioned that he is reviewing a list of approximately 44 tasks prepared by Dr. Medvedev. Dr. Medvedev had been engaged in tasks other than academic computing in her support of the offices for both Research and Faculty Affairs.

Some discussants expressed reservations that one person is not overseeing the big picture. Dr. Shapiro, who has been meeting with the Associate Dean for Curricular Affairs, explained that while this is not her total job, this is her "top priority." She also has staff to delegate to the medical school initiative.

Dr. Altose asked that the CME have access to the listing of all priority tasks in order to do its own review with the intent of sharing its prioritization with Central IT.

Dr. Ornt proposed that IT tell the CME what they are currently doing and where they plan to be. Discussants expressed concerns about waiting until the June 22 CME meeting.

Realistically, Dr. Ornt felt that decisions have been made that cannot greatly change where we are going. There remains a tremendous amount of work to be done.

Dr. Altose was focused on the long range plan, however. He felt that the CME could afford to wait another two weeks.

Dr. Ornt perceived a lack of community involvement historically in IT at the Case School of Medicine. He welcomed a more collaborative discussion on what priorities should be accomplished.

Dr. Brunengraber requested finding out what IT will *not* be able to deliver compared with what has been provided in the past.

Dr. Medvedev explained that during this transitional period, IT will have to say “no” to some requests such as those from the Research Office and Faculty Affairs. The entire focus will be on the new curriculum. There will be unknown situations arising in new areas along with the old curriculum to maintain.

Dr. Wilson-Delfosse explained that faculty will likely not be changing the Year II curriculum. She was grateful to Irene for showing faculty how many possibilities they already have.

Dr. Terry Wolpaw suggested inviting Dr. Dave Aron, Block 1 leader, along with Irene to demonstrate IT innovations to the CME. She does not perceive IT as a problem and cites no glitches to date. The faculty need to decide what they have to produce.

Dr. Altose invited the IT leadership to explain progress in the following areas at the June 22 meeting: 1) Block 1, 2) clinical component, and 3) assessment.

Dr. Altose also requested **summary reports from Drs. Terry Wolpaw, Dan Wolpaw, and Amy Wilson-Delfosse** at the **June 22 meeting**.

In answer to a suggestion from Dr. Brunengraber, Dr. Altose mentioned that he would call *ad hoc* CME meetings over the summer should an emergency arise.

2. Cleveland Health Sciences Library Update

Mrs. Virginia Saha, Director of the Cleveland Health Sciences Library, stressed **the importance of submitting textbooks and journals required by individual blocks in a timely manner**. For example, a recently submitted list of preferences turned out to have no choices available in electronic format. Mrs. Saha is attempting to find resources to purchase books and site licenses to support the new curriculum. She needs ample time to find out if links are available for requested journal articles.

Dr. Wilson-Delfosse explained the “intentional” delay in the determining of resources by the individual blocks. In a sincere effort to be fiscally responsible and reasonable in determining a list of required resources that students need to purchase for the block,

members are currently meeting to discuss the merits of different texts with the intent to agree wherever possible on one basic text strong in a few areas to take the place of multiple texts.

Dr. Altose recognized the importance of the “negotiated, collaborative” nature of the “resource detailing” initiative but requested that it move ahead a little more expeditiously. Everything needs to be included in the electronic syllabus as well.

Dr. Terry Wolpaw explained that blocks have been concentrating on case writing and faculty development.

Mrs. Saha emphasized her need to have time to check the availability of electronic and print editions of requested resources.