

September 14, 2006 CME Minutes

1. **Comments from the Chair**

Dr. Murray Altose, CME Chair, welcomed newly elected members: **Dr. Robert Bonomo** (UH/VA Infectious Diseases), **Dr. James Bruzik** (Center for RNA Molecular Biology), and **Mr. Christopher King** (Year I student representative). The **minutes of June 22, 2006** were approved as distributed.

2. **Basic Science Curriculum Update**

Dr. Amy Wilson-Delfosse, provided an update on progress in the Western Reserve₂ curriculum. **Block 1: Becoming a Physician**, ran from July 12 through August 18. Block leaders, Dr. David Aron and Dr. Nick King, have already met with the Curriculum Monitoring Council, indicating proposed changes based on evaluations to improve the well-received block for next year. **Block 1 will report to the CME at the October 12 meeting.**

Block 2: The Human Blueprint, is currently in its fourth week. The structure of Block 2 conforms to the **weekly template** created for the new curriculum. There are plans to revisit Block 1 and modify its design to adhere more to the weekly template format. Case Inquiry Groups (IQ Groups) continue to be well received by the students. Student evaluations of Block 1 facilitators reveal scores awarded in the highest categories. Dr. Wilson-Delfosse emphasized that many people have worked diligently to train facilitators and to produce high quality cases. In her opinion, cases are going well from both the student and faculty perspective. Block 2 faculty continue to work and meet regularly to refine their plan. While every effort is being made to respond to student feedback, corrections cannot always be made immediately.

Dr. Wilson-Delfosse meets weekly with **Block 3: Food to Fuel**, where she finds the progress being made by this collegial work initiative very encouraging. She also is a member of **Block 4: Homeostasis**, which is progressing nicely.

Small group teaching is a faculty-intensive resource requiring significant infrastructure. We are working hard to make it succeed and improve it. Ensuing **discussion pointed out some of the immediate rewards, concerns, and suggestions for improvement.**

Year I student representative, Mr. Chris King, agreed that the **IQ Groups** in Blocks 1 and 2 have “**gone extremely well.**” From the student perspective, he supported the **proposed change that Block 1 conform more to the weekly template schedule.** Dr. Altose confirmed that this is definitely on the agenda and acknowledged that the new curriculum is still a “work in progress.”

Dr. Scott Frank, a Block 1 participant, extended his congratulations to Dr. Terry Wolpaw for her role along with Dr. Steve Ricanati, IQ Group Director, in “setting up the facilitators for success” by providing them with training and a connection to the case writers.

A Block 1 and 2 IQ Group facilitator, Dr. Wilson-Delfosse candidly revealed that this has been her “single most rewarding teaching experience.” She finds it “amazing” to watch the students. This format affords the students “a new way to shine.”

Dr. Dan Wolpaw, also a Block 1 and 2 facilitator, echoed Dr. Wilson-Delfosse’s sentiments. He remembered vocal concerns about the perceived difficulty in recruiting and retaining facilitators. All Block 1 facilitators were unanimous in wanting to repeat the experience next summer.

Dr. Frank recalled substantial anxiety concerning the use of non-expert facilitators when the new curriculum was under discussion. Now we have witnessed that “it works!”

From her own experience as a Block 1 and 2 facilitator, Dr. Wilson-Delfosse can empathize with faculty concerned about going into a block without having content expertise. However, she admits that the training and the help provided to prospective facilitators empowers her to be successful in this teaching opportunity.

Mr. King also found the interactive, student-focused small groups rewarding. “It feels like the faculty member is part of the group” rather than someone doing the overseeing.

Mrs. Virginia Saha wished to refocus attention on solving the “**challenges of the backroom:**” **the work flow issues** arising from a last-minute, just-in-time curriculum that has stretched the staff, requiring them to put in long hours and do things over repeatedly to get them right. There is a growing sense that there is not **support for the staff. Mrs. Saha proposed that the CME make a recommendation to find resources to sustain the curriculum.** Work flow issues must improve or the curriculum will be jeopardized.

Dr. Altose viewed discussion as revolving around two areas: 1) Curriculum—content, presentation, whether students are getting what they need from it, etc. Program evaluation will measure these items. 2) Infrastructure supporting the curriculum. Dr. Altose requests that the Office of Curricular Affairs take a proactive stance by bringing such issues to the attention of the CME and the Dean.

Dr. Terry Wolpaw, Associate Dean for Curricular Affairs, felt that there has been tremendous support for the curriculum during this transition period. The Vice Dean has helped her negotiate extra support.

Dr. Wilson-Delfosse continued her update by turning to the **traditional curriculum** and the Class of 2009. The current second year students will be in the traditional curriculum until the end of January 2007. They will then take the USMLE Step 1 and proceed to either a Research & Scholarship block or the Clerkships. Efforts are being made to reduce the faculty-induced anxiety resulting from less in-class time and condensed lectures. Ms. Minoos Darvish and Dr. Wilson-Delfosse have met with all the subject committee chairs in advance of the committee’s start. The “feed-forward” program involves a Year II focus group that meets with the subject committee chair prior to the

committee, compiles a document summarizing expectations, and distributes it to classmates. This student feedback program was designed to meet the students' needs and was described in the June 22, 2006 CME minutes. The feed-forward enhances student/faculty communication, even if only a limited number of students are actually present, and provides the student with a basic understanding of the particular committee.

Year II student representative, Mr. Brandon Maughan, felt that the feed-forward "makes a big difference," given that committees vary significantly. He found this a helpful addition and "wouldn't change a thing."

Dr. Robert Bonomo recalled piloting the feed-forward during the Mechanisms of Infection II committee that he chaired last year. While this proved a positive experience for the students, faculty found laying the ground rules twice somewhat redundant. To avoid holding feedback sessions where minimal attendance yields skewed information, Dr. Bonomo recommended tying feedback sessions to a learning demonstration. For example, Dr. Bonomo held a feedback session during class time and had 45 participating students, vocally disagreeing among themselves. He found data from this feedback session helpful.

3. **Clinical Curriculum Update**

Dr. Dan Wolpaw, Clinical Curriculum Council Chair, recapped the components of **Foundations of Clinical Medicine**:

1. **Patient-Based Program: RAMP** (Rotating Apprenticeships in Medical Practice) and **CPCP** (Community Preceptorship)
2. **Clinical Skills: Communications and Physical Diagnosis**
3. **Foundations of Clinical Medicine Seminars** (Tuesday morning sessions formerly known as SCP)

RAMP rotations for Year I students and preceptorship assignments for Year II students have been made. Both programs offer varied experiences, and the feedback to date has been good. Some changes have been made in the RAMP in light of feedback.

Under the Clinical Skills umbrella, PD1 and Communications workshops are both underway for Year I students. **The small group format of the new curriculum has increased the potential for integration across programs.** Just today an addendum on the doctor/patient relationship was distributed to Inquiry Group (IQ Group) facilitators in conjunction with their case.

The **Tuesday morning seminar series** has undergone a major change this year. Previously, **University and College students** had been completely integrated throughout this course. However, logistics and the new summer block necessitated separating students into **"parallel" but "related" curricula.** For Year I, the only University/College student integration will take place in the eight-session, one session per month, Health Policy series. During Year II, University/College students will be integrated only in the four-session Medicine and Law series.

Planning is well under way for the Block 2 **Clinical Immersion**, which will take place Monday, October 30 through Friday, November 3.

The first **Bridge Week** took place July 10 through July 14. This program was designed to help University and College students make the transition from pre-clerkships to clerkships. Feedback for the program is currently being evaluated. Dr. Robert Haynie, Bridge Week director, recognized the efforts of Drs. Kathy Rosen, Patricia Moore, and Dan Neides. Dr. Haynie referred to this first major use of the Mount Sinai Skills and Simulation Center as “the highlight of Bridge Week.” Dr. Renee Lawrence created a user-friendly questionnaire about Bridge Week which resulted in good student response. A debriefing session with full evaluation of the feedback is pending.

Dr. Dan Ornt added that not everyone will go through Bridge Week at the same time in the coming year secondary to the beginning of the dedicated Research Block. A portion of University students will take the Bridge in March, with the remainder joining the College students in a second offering in July

As of July, **core clerkship blocks** started at all sites. At this point, there is no formal feedback. It is clear that the new approach represents a paradigm shift from a primary emphasis on immersion experiences to the creation of a curriculum in clinical education with graduated rotations from the Basic Cores through the Advanced Cores to the required Acting Internships. Dr. Wolpaw wished to thank the CCF IT staff for making possible the **new Clinical Assessment System** with its **patient logs**. IT staff did an “unbelievable job” in accomplishing what they were asked.

Students will **revisit basic science** concepts in the **Basic Science Correlation curriculum** on three **Friday afternoons** per month. **Advanced Clinical Skills** will also take place Friday afternoons under the direction of Dr. Robert Stern, Dr. Susan Padrino, and Ms. Kathy Cole-Kelly. Soon **Advanced Seminars** (formerly known as CLICS—Contemporary Learning in Clinical Settings) will begin one Friday afternoon per month. On one Friday per month, third year students in both the University and College Programs will get together to **reflect on** their **experiences**.

The first **NBME** (National Board of Medical Examiners) **Progressive Achievement Test** took place the Friday of Bridge Week. The results are not back yet. Students will take a different form of this comprehensive exam every 16 weeks throughout the clinical curriculum.

Advanced Cores, Areas of Concentration, and Acting Internships are currently in active planning.

Dr. Lynda Montgomery commended the responsiveness of IT staff in creating the **patient log system**. She emphasized that this assessment system marks a culture shift for the students. She relayed one main **student concern: How can I use this educationally and not just for documentation?**

Dr. Dan Wolpaw explained that the documentation is an LCME requirement. The Clinical Assessment System links faculty and resident feedback to patient logs in a fashion that is intended to support the student's growth and education.

Dr. Altose felt that the clinical curriculum was based on sound pedagogical principles. The main issue seems to be dealing with the faculty and residents that have not yet made the culture shift. Both the curriculum and the students seem fine. We need to work hard and have some time to overcome the inertia. The two-year interval provided by this developmental and progressive new curriculum should provide more than the old clinical curriculum.

Dr. Wolpaw suggested reviewing the data and making some adjustments based on logistics and educational experience.

Guest, Dr. Amasa Ford, expressed concerns about the **need for good small group teaching rooms**. Dr. Dan Ornt acknowledged that **educational space** is a huge issue. Not all small group rooms for this year could be optimal. Next year will pose the challenge of lining up rooms simultaneously for Blocks 2 and 5. The West Quad will not come about in the immediate future. The Vice Dean does regularly follow up on these concerns in a group pulled together by the Dean. **Dr. Pamela Davis**, Interim Dean, is totally supportive of the new curriculum efforts.

Dr. Altose acknowledged the drain on the new curriculum caused by **two important infrastructure issues mentioned today: 1) support for the staff, and 2) educational space** and promised that **the CME would continue to pay attention to these matters**.

Dr. Ornt emphasized that the CME is viewed as providing important input to the Dean and encouraged the CME to be verbal.

4. **Flexible Program Update**

Dr. Kent Smith, Flexible Program Coordinator, was pleased to announce that Year I students are excited about our voluntary **Type A elective program**. As of today, between 80 and 90 students have enrolled in 120 Type A electives.

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

Dr. Wendy Shapiro, Director of Instructional Technology and Academic Computing, organized her update according to the following four categories: 1) Administrative Computing, 2) AV/Media Support, 3) Faculty Support, and 4) eCurriculum.

Dr. Shapiro explained that **Administrative Computing** staff do not report to central ITS. This is the first year that students had a choice of three different systems: Dell, Toshiba, and Mac. Of the 142 students involved, 37 chose Macintosh computers. The second year eCurriculum has been moved over to the Active Directory, where the user enters the Case user id and password (e-mail login). The new eCurriculum currently uses the School of Medicine user id and password. However, **by January 14, 2007, all servers will be on**

the Active Directory with only one login needed for everything. This is a major undertaking.

AV/Media Support has responsibility for the **classrooms**. Currently, we are using 30 regular classrooms and 7 temporary classrooms. **Dr. Shapiro encouraged faculty to contact her (Wendy.Shapiro@case.edu) with purchasing suggestions for the kinds of equipment best suited for classroom use.** We currently have 10 laptops and 6 PCs for the small group rooms. AV provides support for both E301 and E401 with “**video capture**.” A new camera system is being used to capture cadaver/dissection lectures. AV support is being provided for special events taking place in the BRB and Wolstein buildings.

A new dimension in IT activity at the School of Medicine is **faculty support**. This area works in conjunction with the Office of Curricular Affairs. An IT staff member from Central works one-on-one as needed with each new group of teaching faculty to arrange for proper login information and instruction. The faculty support function also encompasses setting up Blackboard sites for IQ groups, Family Medicine, and the Society Deans as well as supporting the Turning Point audience response system. Ms. Megan Linos has hired students to offer support to interested faculty Monday through Friday, from 9:00 a.m. until 5:00 p.m. in room E414. **Faculty interested in one-on-one IT training, please contact support@case.edu.**

Dr. Shapiro has talked with programmers to provide her **eCurriculum** update, divided into the following categories: 1) scheduling, 2) content, and 3) assessment. With respect to **scheduling**, the **structure** of Blocks 1 through 6 is complete. Structure for Blocks 7 and 8 is still in construction. Dr. Shapiro emphasized the complexity of design involved, since **structure is unique to each course or rotation**. Because of ongoing requests, modifications to the programming structure persist. Approximately 90% of the content area is complete. Based on input from the programmers, Dr. Shapiro estimated that **MCQ** and **SEQ Assessment** structure is complete for Blocks 1 through 6. The secure Web page (where students take their test) is complete. The integration of data, however, into the **ePortfolio** has not yet been completed. **Mid-block and end-of-block evaluations**, where students evaluate their facilitator and where facilitators evaluate their individual students, have been completed. Dr. Shapiro concluded that about 90% of the assessment area is complete.

Members' suggestions/concerns followed. Dr. Smith requested that **clinical assessment** (*not* part of Dr. Shapiro's update on assessment for the Foundations program) be designed to more easily allow a society dean to track one of his/her students as in the past.

Mrs. Saha had a structural suggestion noting that there currently is **no place to post material needed for the Tuesday morning Foundations of Clinical Medicine Seminar series on the eCurriculum**. Are there plans to expand structure?

Dr. Shapiro reiterated that **the purpose of IT is to support the curriculum**, so all concerns need to be addressed. She wants to be made aware of all feedback in order to insure progression of the system to the point where it needs to be. At last week's Curriculum Monitoring Council, when Block 1 assessment was reviewed, Dr. Shapiro invited discussion of "things we *need*."

Dr. Altose in turn encouraged faculty to communicate any perceived serious gap or misalignment of priorities as reflected in the eCurriculum.

Dr. Klara Papp, Director for the Center for the Advancement of Medical Learning (CAML), felt that the assumption that **eAssessment** is even 80% complete is an overstatement. The administration of the SEQs is working well. However, other aspects of the assessment are not yet complete. For example, results from Block 1, which ended four weeks ago, are not yet compiled; the programming has not been completed. In addition, the system has inadequate opportunities for pilot testing. We launch the applications and discover major problems when the students are trying to use the system (as with administration of the SSEQs at the end of Block 1). The problem may be explained in part from the fact that eAssessment depends largely on the efforts of a single individual with no backup. When that person is away, no one seems to know how to fix or respond to problems. **Our hope is to achieve a completely transparent system, enabling both the retrieval and reporting of data without the necessity of intervention from the Office of Academic Computing.**

Dr. Terry Wolpaw acknowledged that while teaching and learning elements of the eCurriculum have undergone timely improvement, assessment is lagging behind. Slowdowns have prevented disseminating Block 1 grades to students and relaying student feedback to Block 1 IQ Group facilitators. Both students and continuing preceptors needed **timely feedback** in order to improve their skills for Block 2. As to concerns about online exams, if absolutely necessary we can resort to paper.

Dr. Smith recalled the **ease with which the prior system enabled society deans to pull up any exam, contact an at-risk student in a timely fashion, and proactively keep an eye on that student's progress**. In the past, the society dean was able to print out exam results for the entire class and call in a student to suggest, for example, getting a tutor. Dr. Smith maintained the need for such a system.

Dr. Shapiro interjected that the more she hears the better. She is in a position to move things along. She will look into Dr. Papp's concerns for assessment data warehousing and dissemination.

Dr. Terry Wolpaw and Dr. Wilson-Delfosse both agreed that the eCurriculum is getting better because we are learning to work with it. However, it is a cumbersome system, often requiring two hours of a course manager's time to make one change to an Interactive Session. On the positive side, the SEQ system works well for the IQ Groups.

Dr. Shapiro explained that **the original eCurriculum was designed for a large lecture format. Time constraints determined that the new curriculum had to fit into an existing system.** Inputting new curriculum data into the old system is quite complicated.

Dr. Ornt also acknowledged the reality that we tried to make a system work for a new approach without being given much time. Changing the template would have taken six months. We are not in a position to stop; we need to enter content into the system in a timely fashion. We do need to take a long-term look, move forward, and fix some things.

Dr. Altose recommended that shortfalls in the assessment component be addressed promptly.

6. **Student CME Update**

Mr. Brandon Maughan, Year II student representative, expressed appreciation from the Class of 2009 for availability of the Schedule of Research Blocks well in advance of seven months. In response to Dean Horwitz's resignation, Mr. Maughan and another student organized a forum for Year I students to express their concerns. Student consensus focused on the need for someone to assume responsibility for the new curriculum and serve as a vocal proponent.

Dr. Ornt responded that Interim Dean, Dr. Pamela Davis, is committed to both the students and the new curriculum. She is also aware of the financial restraints while at the same time striving to meet our needs. A believer in the importance of personal communication, Dean Davis will visit the CME at a future meeting and will address students in a Year I/Year II meeting and a Year III/Year IV meeting, the latter most likely taking place during a Friday afternoon.

Dr. Robert Bonomo emphasized to the students that they are not alone. Faculty also share the same concerns. The Case School of Medicine is known as a "community of scholars," where faculty and students are colleagues.

Dr. Ornt announced that the first applicants for the new interviewing year came to campus September 11. It will be quite a challenge to try to top the stellar recruits in the Class of 2010. He acknowledged the significant role our students play in influencing applicants. Applicants are very interested in how our students feel about this school.