Committee on Medical Education Minutes – September 24, 2015

Running Items

1. The September 3rd Minutes were reviewed and approved.

2. Comments from Chair/Report from CME Executive Committee
   Dr. Stagno reported that she attended her first Faculty Council meeting as CME Chair.

3. Comments from Vice Dean for Medical Education
   Dr. Thomas reported that like everyone else, she has been busy with LCME. She expressed her appreciation to all for their contributions.

   Dr. Thomas delivered a report on Mistreatment to Clinic and UH Groups

   The Official Groundbreaking for the new Health Education Campus is October 1.

4. Comments from Student Representatives
   Kevin Allan suggested that First Year students begin their research earlier. He also asked that the Research Portal be revamped, as it is currently out of date. Dr. Croniger reported that work on the portal has been ongoing and it will be revamped.

5. Report from Joint Clinical Oversight Group
   Dr. Padrino and Dr. Isaacson reported that Supervision Policy will be brought to CME for approval;

   They reported that JCOG is looking at Core Clinical Conditions and in which settings they should be encountered, as well as the balance of inpatient versus outpatient.

   Clerkship directors have been meeting across city and will continue to meet.

   They are facing a challenge with direct observation and conflicting interpretations between student and faculty. This will continue to be reviewed.

6. Report from WR2 Curriculum Committee
Dr. Wilson-Delfosse reported that they are working on the DCI. The committee is intensely studying the survey results from the pre-LCME Student Survey and thinking about interventions for both the short term and the long term.

Having schools visit our curriculum dates back to 1950s; we have a lot of schools visiting; two schools this week Wayne St and UCSF; get quote from Amy; inspirational to hear this

7. Report from CCLCM Steering Council

Steering Council was cancelled; there is no report.

8. Report from PEAC

Dr. Papp reported that the Block 1 Report has been filed and that they are working on the Block 2 Report and attempting to accelerate this process.

Dr. Papp also reported that there are a number of issues that cut across blocks and that there will be brought to the CME for discussion in the future.

New Business

Informational:

1. Review of LCME Dashboard

Dr. Thomas reported that we are putting processes into place. Mistreatment is the first priority and we are actively working on it and monitoring it.

Dr. Thomas asked if there are issues for which we need site specific and program specific data. The students will receive aggregate reports, but the committee should consider if the students and program would benefit from detailed reporting.

2. Other Career Planning

There are high levels of dissatisfaction among the students with their career planning, mostly among the University Program students. There are multipronged initiatives aimed at Year 1 and Year 2 students. The Dean would like a series of Career Nights; this has been discussed with Clinical Chairs. In theory, each department would sponsor a pizza dinner for students and talk about that discipline. So far, Neurosurgery and Ophthalmology have offered to do this. The Dean for Research has also offered an evening regarding research in medicine. We are working on entrepreneur session as well. Please contact the Vice Dean’s office if you would like to participate. Both University and College Program students are invited.

3. Humanities Pathway

Over last several months, Dr. Susan Stagno pulled together an interdisciplinary group to develop the Health Humanities Pathway. They have made tremendous
After sending a call for applications, they received five applications, all of whom were invited to an advisory committee meeting. After, they will decide if they will join the pathway. They are ready to roll it out. The curriculum will vary and depend on each student’s schedule. Each student will participate in the pathway for all 4 or 5 years. Each student will be required to do a Humanities Health related project, such as research, curriculum development, or other scholarly project. Students are also required to attend one class outside of the Medical School but related to medicine. There will be regular meetings for students participating in the pathway, and the students will meet weekly at the start so that we can monitor progress. They will also work with local museums, musical institutes, and additional art related places and events. The first activity is the Story Slam on October 7.

Tuition question: any student in SOM can take a course/audit at no cost on campus, Weatherhead excepted;

Pathways starting with first years;

4. Wellness Pathway

Dr. Hope Barkoukis presented the Wellness Pathway, which focuses on body, mind, spirit, wholeness, and wellness. It follows similar parameters as the Humanities Health Pathway. Please see the attached.

Dr. Barkoukis noted that one unique element is the nutrition piece. Students enroll in a food class to learn how to prepare nutritious dishes and so that they can help patients understand what they can do. There are also female health, cultural sensitivity aspects to the pathway.

For CME Approval:

1. Appeals COS/MSPRC Procedure

   A motion to table to further discussion until further research can be presented passed.

2. Approval of JCOG Pilots

Dr. Padrino and Dr. Nielsen presented pilot programs. Please see the attached.

A motion to approve pilots passed.
Attending:

Dr. Susan Stagno, Chair
Dr. Colleen Croniger
Dr. Kathleen Franco
Dr. Kimberly Gecsi
Dr. Charles Lopresti
Dr. Rami Manochakian
Dr. Ronda Mourad
Dr. Susan Padrino
Dr. Klara Papp
Dr. Robert Petersen
Dr. Kent Smith
Dr. Patricia Thomas
Dr. Amy Wilson-Delfosse
Kevin Allan
Charlie Dai
Evelyn Ojo
Josei Volovetz
Kathleen Blazar
David Pilasky
Siu Yan Scott
Dr. Hope Barkoukis
Dr. Craig Nielsen

Bart Jarmusch, Recording Secretary
CQI Dashboard

Student Mistreatment
Report to CME
September 24, 2015
Aware of Policy on Student Mistreatment

Per cent of Students Responding Yes

- 2011: 83.4%
- 2012: 81.8%
- 2013: 80%
- 2014: 86.2%
- 2015: 91.3%
- All schools: 94.5%
Do you know the Procedures for Reporting Mistreatment?

- 2012: 67.9
- 2013: 57.1
- 2014: 67.7
- 2015: 69.1
- All Schools: 80.8
Personally Experience of Mistreatment

![Bar Chart]

- **2013**: 56
- **2014**: 39.4
- **2015**: 49.7
- **All Schools**: 38.7

Date: 2013, 2014, 2015

Legend: All Schools
Did you Report to a Designated Faculty Member or Institutional Administrator Empowered to Handle Complaints?

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
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<td>All Schools</td>
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CWRU
University Program
Clinical Curriculum Pilot

Susan Padrino, MD
August 2015
Overview

- Background
- Curriculum
- Opportunities and needs
- Unanswered questions
Changing needs of students for future
Changing health care environments
Increasing class size and shrinking capacity
Neglect and mistreatment

Why curriculum change?
Development began Spring 2014

Targeted needs assessment

- Review of literature, including alternative models
- Solicited input from all stakeholders
  - Students
  - Faculty
  - Clerkship directors
  - Staff

Background
Themes emerged

- Limited or no opportunities for longitudinal experiences:
  - Patient care
  - Assessment
  - Curriculum
- Concerns about assessment fairness & validity
- Lack of clarity about the role of the student
Faculty retreats (summer 2014)
- Established guiding principles
- Created best practices list using appreciative inquiry
- Identified critical elements of current curriculum based on AAMCs graduating EPAs
- Provided background and rationale for curriculum change

Curriculum development
Clerkship directors retreat November 2014
- Reviewed data (GQ, grade distribution)
- Discussed successes and challenges in the current curriculum
- Selected challenges to discuss in small groups
- Working groups tackled major themes for curriculum development

Curriculum and change

- Assessment
- Inpatient Team-based Care
- Longitudinal Integrated Clerkship
- Longitudinal Learning Group
- Role of the Student

Reports were distributed to a larger group of clerkship directors for review/comment

Curriculum development-UP
Pilot model proposal: April 2015

- Blocks of LIC (ambulatory)
- Blocks of Inpatient Team-Based Care
- Longitudinal Learning Group and Patient Panels
- Transition to clerkship
- Increased elective opportunities in 3rd year
- Longitudinal assessment-flexibility in timing and value of shelf exams

Curriculum design
<table>
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<td>6 w</td>
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<td></td>
<td>Peds Neuro Psych</td>
<td>Elect L&amp;D Psych CL</td>
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LIC Schedules
Maintain expectations that students document their experience with regard to core clinical conditions and core procedures
Improve student-centered aspects of Core Clinical experiences
Integrate longitudinal learning in Core Clinical experiences
Allow students to have meaningful student responsibility in patient care
Identify new sites for clinical training
Incorporate new concepts related to the changing landscape of medicine
  - Palliative Medicine (CP only)
  - Quality/safety (both)
  - High value care (health care systems) (both)
  - Inter-professional team care/care coordination/chronic disease management (both)
  - Systems and transitions of care (UP)
Meet LCME accreditation requirements
Enhance flexibility and opportunities for career planning experiences
Enhance credentials for residency selection

Goals
Student Learning Objectives

- All Basic Core Learning Objectives
  - Including Core Clinical Conditions
Curriculum implementation

- Modified Bridge to Clerkships experience
  - (Offered to pilot-interested students also)
  - Pan-credentialing (EMR, safety and compliance training, documentation)
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<th>Tue June 30</th>
<th>Wed July 1</th>
<th>Thurs Jul 2</th>
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<td>Intro to clerkships Dr. Padrino</td>
<td>UH Hospital Orientation</td>
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<td>PM</td>
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<td>AEMR Training</td>
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<td>Peds Rainbow Orientation</td>
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**Bridge to Clerkships**
Longitudinal Learning Group

Friday afternoons:

- Weekly reflections
- Some IQ+
- Some special sessions
- Patient panel
- Patient book project

Curriculum implementation
Students

- Pre-intervention: Jefferson Scale of Empathy
- Mid-point: Maslach Burnout Inventory, Professionalism Climate Instrument, Patient-Practitioner Orientation Scale, Communication, Curriculum, Climate Instrument (C3), general survey
- End-point: Jefferson Scale of Empathy, Maslach Burnout Inventory Professionalism Climate Instrument, Patient-Practitioner Orientation Scale, C3, general survey (see attached), list of Core Clinical Conditions, focus groups or interviews

Faculty

- Mid-point: estimate of effort, satisfaction survey
- End point: estimate of effort, satisfaction survey, focus group or interviews

Staff

- End point: estimate of effort, focus group or interviews

Curriculum Evaluation Plan
Current status and feedback

- 2nd week of 2nd 6-week block
- Feedback is uniformly positive except for VA experience—under revision
- I meet with students this Friday and next Friday
Opportunities and needs

- Opportunities for assessment:
  - Empathy, burn out, depression
  - Patient book project
  - Small comparison group
Resource needs

- Faculty or staff to assist with LIC
- Support for assessment and evaluation
How will decreased Neuro time affect student performance?
Is OB/gyn too fragmented?
When is the appropriate timing for shelf exams?
Will early AI opportunities be useful?
How will the 48 week curriculum affect research completion?

Questions
CWRU - CCLCM
College Program
Clinical Curriculum Pilot

Craig Nielsen, MD
College Track Structure

- **One** 16 week Longitudinal Ambulatory experiences

- **Three** 8 week Team Based Care Blocks
  - 8 weeks: Med / Peds
  - 8 weeks: Neuro/Psych
  - 8 weeks: Gen Surg/Ob-Gyn

- **One** 8 week elective block in Second ½ of the Year

- Friday: Longitudinal Learning Groups and FM/ARM
8 weeks: Med / Peds (TBC 1)

8 weeks: Gen Surg/Ob-Gyn (TBC 2)

8 weeks: Neuro/Psych (TBC 3)

24 Weeks of Team-Based Immersion (Team Base Care – TBC)
One 16 week of Longitudinal Clinic Experience (continuous)

Core Experiences: Family Medicine, Internal Medicine, Pediatrics, Women’s Health

Other Experiences: Emergency Medicine, Palliative Care, Ambulatory Surgery, Flexible Time (career exploration)

Longitudinal Ambulatory experiences
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Themes

- Inter-professionalism / Collaborative Care
- Palliative Medicine
- Quality Improvement / Patient Safety
- Simulation - - Core Procedures
- High Value Care
- Evidence Based Medicine
- Advanced communication skills
- Group Learning - - Google+

Longitudinal Learning Group: Friday AM
Humanities Pathway

Mission, Vision and Goals

Mission: To promote the development of students into humanistic, patient-centered, resilient and contextually aware health care professionals by drawing upon the lessons and tools of the humanities.

Vision: To use arts and humanities-based courses and experiences to promote the development of health care professionals who will explore the fundamental questions of what it is to be human and to be a healthcare professional. Students will think critically about the complex interplay among patients, health care professionals and culture. They will develop innovative and informed approaches to health, well-being and quality of life for the patients and communities they serve, while developing resilience and passion to improve the culture of medicine.

Goals of the Humanities Pathway:

- To develop creative and collaborative approaches for health care professionals from all disciplines that will employ the humanities as a lens through which to envision patient-centered care and ethical behavior.
- To engage with our local and regional communities to enhance social justice and eliminate health disparities.
- To inform professional identity development by emphasizing self-awareness, resiliency, self-care and altruism as important elements of professionalism.
- To integrate students, trainees and faculty as collaborators in developing team-based interprofessional health care.
- To utilize narrative as a method for understand the “self” and the “other” by developing skills in close reading, close listening and empathy.
- To develop a “tool box” of resources and approaches to health care to enhance the experience for all involved.
- To develop and disseminate enduring materials for others to use and appreciate the ways in which the humanities can enhance the experience of caring for and about the patients we serve.
Wellness Pathway

Introduction
Case Western Reserve University School of Medicine prides itself on molding the best and brightest students into the finest healthcare professionals in the field. World-class faculty, facilities and curriculum create the perfect environment for a traditional medical education, and the School of Medicine is constantly striving to improve upon its already high standards. To that end, a series of Pathways, or concentrations, are being implemented to better develop well-rounded medical professionals who will graduate equipped to treat patients more effectively.

The Jack, Joseph, and Morton Mandel Wellness and Preventative Care Pathway will focus on preparing students for excellence in the field of multi-dimensional and holistic wellness, equipping them with the knowledge and training to encourage healthy lifestyles in themselves and future patients. Wellness Pathway content including a speaker series, practical applications in healthy cooking, relaxation techniques and more will add approximately five hours to existing medical school students’ weekly workload. Participants will emerge with an understanding and appreciation of wellness that encompasses mind, body, spirit, as well as social and environmental factors. They may also elect to pursue a joint degree in one of several related fields, such as the MD/MS in nutrition, via the Biomedical Investigation degree program.

Mission and Vision
The mission of the Mandel Wellness and Preventative Care Pathway is to provide participants with insight and skills in wellness and health promotion as it relates to the domains of the mind, body, spirit, social interactions and the community.

The vision is to incorporate and advance the promotion of health and wellness at the individual, family, institutional, professional and community levels.

Goals
The Mandel Wellness and Preventative Care Pathway aspires to:

• Help medical students develop and maintain healthy self-care habits
• Familiarize medical students with multiple domains of health and wellness, including mental, physical, emotional and social
• Teach students skills in at least two of these domains to demonstrably improve long-term patient and self-care
• Develop leaders to advance the promotion of health and wellness at the individual, family, institutional and community levels
Development
One of five Pathways underway or in development within the School of Medicine (Healthcare Innovation, Humanities, Urban Health, and World Health), the Mandel Wellness and Preventative Care Pathway is being organized under the leadership of Dr. Hope Barkoukis, PhD, RD, LD, along with an advisory group of interdisciplinary faculty, curriculum leaders and other stakeholders. There are several elements planned for the Pathway, including:

- Creation of a **student wellness committee** dedicated to creating and identifying wellness opportunities on campus and beyond. Examples include physical, outdoor, stress-relieving activities.
- Frequent 45-minute **lunch and learn sessions** on topics like nutrition, resilience, emotional intelligence and conflict resolution.
- A **student-led learning community** tasked with identifying worthwhile research projects related to health improvement.
- **Peer-to-peer mentoring** training led by faculty expert to develop ability to help those in need.
- **Conflict resolution, cultural diversity and advanced communication skills workshops** led by experts in the field.
- **Skill training** to introduce and refine reflective writing, progressive relaxation techniques and behavior modification strategies.
- **Community outreach** through participation in local multi-sector efforts to improve community health through an emphasis on prevention, wellness and collective action (examples include: University Wellness Committee, Health Improvement Partnership - Cuyahoga County, Healthy Cleveland Initiative.)
- Monthly **spiritual wellness sessions** focused on an array of topics like mindfulness and meditation, how values impact vocation, and understanding grief.
- **Just What the Doctor Ordered: Food as Therapy lab**, where students will meet monthly to integrate the evidence based science of nutrition and disease prevention they have learned with hands-on cooking participation and demonstrations led by experts.

The Mandel Wellness and Preventative Care Pathway is poised to launch in phases, with nutrition components slated for 2015. It will culminate with research projects completed by students that will be evaluated against a rubric designed to measure impact through analysis of pre-and post-Pathway assessments.

To improve access to wellness-related information for students in the Pathway and those that are not, a central website will be developed to aggregate the opportunities for participation. Additionally, a monthly, electronic newsletter and social media campaign is planned to keep participating students current with the latest news.