Case Western Reserve University  
T501 School of Medicine  
September 27, 2007

PRESENT: Dr. Murray Altose, Chair; Drs. Jalal Abu-Shaweesh, Paul Ernsberger, Abdulla Gori, Lynda Montgomery, C. Kent Smith, Amy Wilson-Delfosse, Daniel Wolpaw; Mr. Leland Metheny (Year IV student representative)  
Drs. Daniel Ornt, Klara Papp, Terry Wolpaw; Mss. Virginia Saha, Siu Yan Scott;  
Ms. Jessica Ruff (Year I student representative); Ms. Lois Kaye (secretary)

VOTING MEMBERS ABSENT: Drs. Louis Binder, Robert Bonomo, James Bruzik,  
Andrew Fishleder, George Kikano, Stephen Previs, Andrew Resnick, Allen Seftel; Mr. Christopher King (Year II student representative)

Comments from the Chair

Dr. Murray Altose, CME chair, opened the meeting by introducing Dr. Jalal Abu-Shaweesh and Dr. Abdulla Gori, two of the new members elected to three-year terms.

The minutes of September 6, 2007 were approved as distributed. Dr. Altose explained that current CME agendas focus on curriculum revisions with emphasis on the upcoming LCME self-study.

Vice Dean, Dr. Dan Ornt, mentioned that this is the first CME meeting since the appointment of Dr. Pamela B. Davis as permanent Dean of the Case School of Medicine. Dean Davis has been very supportive of both the new Western Reserve curriculum and the efforts of the CME, and she is expecting the CME to spearhead a rigorous evaluation process to determine whether the curriculum is on track and where changes need to be made if needed. The CME will extend an invitation to Dean Davis to visit during a future meeting.

Dr. Ornt explained that the LCME (Liaison Committee on Medical Education) is the accrediting body for medical school programs leading to the M.D. degree and represents the combined effort of the AAMC (Association of American Medical Colleges) and the AMA (American Medical Association.) The LCME detailed self-study—focusing on medical education programs, faculty and students, resources, outcomes assessment, and the Admissions process—takes place every seven years. We have been assigned a secretary new to the LCME for our upcoming accreditation review. The site visit will take place in March 2009.

Dr. Altose, who is again chairing the self-study for LCME review, added that faculty will get together en masse to provide data for the self-study component. Medical student involvement is requisite for the self-assessment piece. The self-study is derived from the huge database gathered on organization, strategic planning, resources, faculty, students, and budgets, and—the largest piece—programs leading to the M.D. degree. Self-study teams with designated leaders will be appointed to write up the self-study, which represents a condensed version of 50 to 60 pages of material culled from the vast database. This accreditation process is an 18 to 20 month process. At the most recent LCME review meeting, discussants were deciding how to distribute responsibility for database collection. Broad involvement of faculty and students is essential. One major difference since our last accreditation: We now have two distinct programs leading to the M.D. degree—the University Program and the College Program.

Report from the Student CME

Mr. Leland Metheny, Year IV student representative, announced that he and his classmates are busy applying to residency.
Ms. Jessica Ruff is the newly elected Year I student representative. Dr. Altose urged her to represent the varied interests of her classmates by bringing up feedback directly to the CME.

Mrs. Virginia Saha noticed the recent e-mail to all students encouraging them to take advantage of the tutoring program available. She asked Ms. Ruff for clarification. It is Ms. Ruff’s impression that students in the Class of 2011, now more than midway through Block 2, are experiencing heavy exposure to basic science and are figuring out where they need help. By contrast, the earlier Block 1’s emphasis was not on basic science.

Dr. Amy Wilson-Delfosse added that not all first year students were aware of learning resources available.

Ms. Ruff added that the tutoring is better used as a preventative measure before students fall behind, but most students do not take that approach.

Basic Science Curriculum Council Update

Dr. Amy Wilson-Delfosse, Basic Science Curriculum Council Chair, highlighted progress in the Foundations of Medicine and Health curriculum. Year I students are currently in the middle of Block 2, The Human Blueprint, and Year II students are participating in the Clinical Immersion for Block 5, Host Defense and Host Response. The open feedback session has been reinstated Mondays at noon, with Years and I and II blocks alternating. First year feedback sessions have been well attended, whereas second year feedbacks much more sparsely attended. The feedback session serves as one mechanism for students to come and say what’s on their mind.

Dr. Altose reiterated the interest of curriculum leaders and CME members in hearing student feedback. He encouraged students to organize themselves to take advantage of all the feedback opportunities.

Dr. Wilson-Delfosse added that the second year students have developed an e-mail system for feedback involving the SCME representatives. There are other mechanisms for communicating feedback as well. The SCME representatives have been working hard to offer a variety of mechanisms so that the students’ voices will be heard.

Dr. Lynda Montgomery inquired whether anxiety over the upcoming USMLE Step 1 had started yet.

Dr. Leland Metheny, Year IV student representative, added that Doc Opera preparation was also competing for students’ time.

Dr. Wilson-Delfosse felt that a substantial percent of the class is not particularly interested in giving feedback and that is fine, too.

Dr. Altose felt, however, that we need student feedback in order to improve our curriculum.

Year I student representative, Ms. Ruff recognized studying as the students’ first priority. She and her classmates give considerable feedback to each other and to their teachers, but they cannot do this all the time. Students can communicate their feedback in ways other than e-mail and paper surveys. Finding a face-to-face method of feedback is difficult, since a class meeting, for example, requires substantial logistics planning with regard to optimal time, food, how to get the students there, etc.

Dr. Ornt discovered when addressing Block 4 issues that a small group of students, feeling that their feedback had been ignored, concluded that it was no longer worthwhile to offer feedback. Dr. Ornt cautioned faculty and administration against conveying a rigid response that discourages student feedback.

In his capacity as a Society Dean, Dr. Kent Smith has recently been involved in the first year student Professional Learning Plan (PLP) process, where students appear upbeat and learn from one another. As a Foundations of Clinical Medicine (FCM) facilitator for the Tuesday
morning seminars, Dr. Smith has the impression that first year students are concentrating on studying. He hears anecdotal verbal feedback directly from the students.

Dr. Terry Wolpaw noticed a shift in the nature of student feedback. Last year, students focused on mechanical questions. Now students are more interested in concepts; they want to understand more about the theory behind a certain aspect of the curriculum. She described this “unrest questioning” as resulting in very good feedback.

Ms. Ruff noticed a change in the way she learns. Before medical school, she favored “learning by osmosis.” Now in medical school, she perceives students as learning to do what works best for them. She is getting material in different ways and needs to continually ask herself: Is this working or not? If not, what do I need to do?

Dr. Montgomery recognized this as a positive outcome of a reflective curriculum. She inquired about the continuation of Peer Mentoring initiated by the second year class.

Dr. Terry Wolpaw asked about the relationship between first and second year students. Ms. Ruff remarked that as a student who spends a lot of time outside the medical school, she cannot speak for those students who spend large amounts of time at school and, therefore, have greater interaction with their peers. Ms. Ruff explained that she goes home often but added that she is participating in Doc Opera. Dr. Wolpaw suggested involving the Society Deans in arranging sessions to encourage more interaction between first and second year students.

Dr. Altose inquired about preparation plans for the USMLE Step 1 since there is a dedicated six-week block mandated in the schedule for this.

Dr. Kent Smith replied that plans for a discounted standard Kaplan review course did not materialize. Not enough students enrolled. Offering the review course too close to Boards so that it appeared as a distraction or the money issue might have been the main deterrents. Later in the meeting Dr. Dan Wolpaw added that students felt a three-week offering was too long; one week would have been preferable. Dr. Wolpaw mentioned that students have their own way of studying and a three-week Kaplan course seemed to be too much.

Dr. Smith mentioned that Dr. Byron Leak and Dr. Maryrose Bauschka have been putting together a review course. Dr. Richard Hanson will offer a review session. Tutoring will be available. Dr. Nick Ziats has re-oriented Histo-Pathology from January until the end of February so that it is similar to a review course.

Dr. Altose wants to ensure a “robust” six-week block to prepare for the USMLE Step 1 that accommodates the “various and varied” needs of our students.

Clinical Curriculum Council Update

Dr. Dan Wolpaw, Clinical Curriculum Council Chair, mentioned that two Clinical Immersions are scheduled for this fall.

The Block 5 Clinical Immersion is currently taking place. Second year students spend one-half day at the Mount Sinai Skills and Simulation Center in intense standardized patient interviews. All students go to an Infectious Disease practice site and a Dermatology practice site. Due to scheduling changes, a second part of the Clinical Immersion will take place outside the Clinical Immersion week. The morning of October 11 is dedicated to total student participation at MetroHealth Medical Center, where students will spend half of that time with Rheumatology patients and the other half with Dermatology patients.

First year students take part in the Block 2 Clinical Immersion the week of October 22. The immersion has been changed slightly since last year but has a similar format. Last year’s Block 2 Clinical Immersion was very successful.

Dr. Terry Wolpaw mentioned the integrative value by giving a recent example of one student applying material learned when taking a sexual history during the Clinical Immersion to a subsequent presentation at a hospital site. Dr. Dan Wolpaw mentioned how impressed he was by the realistic quality of the standardized patients participating in the immersion, some of whom are professional actors.
Dr. Dan Wolpaw mentioned the Clinical Curriculum Retreat September 14 that took place at the VA Learning Exchange on the second floor of the Mount Sinai Skills and Simulation Center. There was a great turnout representing clerkships across the city. The retreat focused on:

1. Review of learning objectives for the clerkships in light of the goals and objectives for the new curriculum
2. Presentation of a report format for the clinical clerkships. This report will form the basis for regular clerkship reviews and action plans to be presented to the Joint Clinical Oversight Group and the CME over the coming year.
3. A gathering of Advanced Core leaders to discuss the development of shared didactics and issues around grading on those rotations.

A major effort is underway to redesign the Friday afternoon University-specific curriculum by a faculty-student group under the auspices of the Scholars Collaboration in Teaching and Learning. This revised curriculum will be implemented next March.

Formal feedback for the Foundations of Clinical Medicine (FCM) Tuesday morning seminars will occur at the end of Block 2. To date, anecdotal feedback for the program has generally been good. The FCM link to IQ Group cases will continue throughout the year. Dr. Wilson-Delfosse requested that this link be communicated to the IQ Group facilitators. Dr. Wolpaw replied that discussing the link during the Friday case preview meetings will be implemented. Dr. Wilson-Delfosse suggested in addition including the link in the Facilitator Version of the cases, since not all preceptors attend the Friday feedbacks.

The focus of an upcoming Second Year Student Class meeting will be to begin the process of students selecting when to do their research block. Not all students in the Class of 2009 have completed their research block; we are about half-way through. Members suggested inviting Dr. Claire Doerschuk, Associate Dean for Medical Student Research, to update the CME on the research component of the curriculum.

Mrs. Virginia Saha noted that the research thesis goes into the individual student’s ePortfolio. What about storing these theses electronically in OhioLINK at no cost? Library staff can take the student’s Word document and convert it to PDF format. This way Case “captures” the research and many people get to use it. The thesis can also be “embargoed” making it available only to certain parties when there are publishing concerns.

Both Dr. Ornt and Dr. Altose felt this was an excellent idea. Dr. Ornt added that the Principal Investigator and the student need to decide together where the data will go.

Dr. Altose recommended reviewing the Guiding Principles for the new curriculum first presented to the CME at the January 27, 2005 meeting. This could take place after Block 6 ends. We could determine how well we have done and any changes that need to be made. Dr. Dan Wolpaw replied that a Case medical student has already undertaken this project and emphasized the importance of involving students in the review process.

Near the conclusion of the meeting, Dr. Klara Papp suggested reviewing the Principles of Student Assessment as well.

Library Update

Mrs. Virginia Saha, Director of the Cleveland Health Sciences Library, announced that a site license for the Web-based portal PsychiatryOnline has been added. Mrs. Saha decided today to subscribe to Orthopaedic Knowledge Online, a portal that includes both musculoskeletal textbooks for Block 6. Each of these textbooks previously cost about $180 in print format. This is the first time that the texts have become available online. The library is currently reviewing all journal subscriptions. Any “print only” resource will be switched to “online” whenever it becomes available. This “format migration” is motivated by the price break incurred and clear evidence that most users are comfortable with online access. Mrs. Saha recapped that most dentists are comfortable with all-online resources, clinicians and basic scientists are expecting this as well, and nurses are just getting used to online as the format of choice. The National
Library of Medicine has promised to maintain access to print format with the universal switch to online resources that is occurring. Mrs. Saha emphasized the “interface issues” facing the user. There are usually many different ways to access any electronic journal. Mrs. Saha and her staff are happy to provide customized workshops across all the Health Sciences Schools. The library provides a customized URL to PubMed to enable the user to access all these materials directly.

**Student Assessment Update**

Dr. Klara Papp, Director of the Center for the Advancement of Medical Learning, mentioned that all students in the Class of 2011 have received their Block 1 assessments. Plans are underway to organize a series of self-assessments for the Class of 2010 via the formative NBME Comprehensive Basic Science Examinations. The first one is scheduled to be administered November 14, 2007.

**Concluding Remarks**

Dr. Altose previewed future CME agendas: 1) the Block 4 action plan to be presented at the October 11 meeting, 2) the Block 1 action plan after its presentation to the Curriculum Monitoring Council, 3) “Population Health in the WR2 Curriculum,” a presentation by Dr. Scott Frank scheduled for the October 25 meeting.

Dr. Ornt mentioned that he is trying to meet regularly with Dr. Irene Medvedev to provide the IT support that she needs.

Respectfully submitted,

Lois Kaye
Secretary to the CME