

September 28, 2006 CME Minutes

1. **Comments from the Chair**

CME Chair, **Dr. Murray Altose**, provided a summary of the September 14 CME meeting to the **Faculty Council** this past Monday, September 25. Faculty Council members present, many of them clinical, focused on an issue not previously brought to the attention of the CME: concern that cuts made to the **Physical Diagnosis** program may have comprised its quality. Dr. Altose feels that it is within the purview of Faculty Council to raise such policy issues—normally the oversight of the CME—with the expectation that such action will lead to an in-depth examination by the CME. Dr. Altose has already discussed the situation with the Vice Dean. **Dr. Altose will request that Dr. Dan Wolpaw, Clinical Curriculum Council Chair, make a thorough review of the ongoing early clinical programs, report his findings to the CME, and create an action plan outlining corrective measures if needed.**

Discussion attempted to confirm strengths of the Physical Diagnosis program and to explain reasons for some perceived weaknesses. The loss of two key, experienced administrative staff has often resulted in less-than-24-hour notice of scheduled PD sessions for students in the Class of 2009. While Dr. Susan Padrino may be relatively new to the position of Physical Diagnosis Director, she is to be commended for already having accomplished much in her ambitious effort to redo the program. Dr. Padrino also plays a major leadership role in the integrated Friday afternoon program. Dr. Altose assessed the situation as largely a **logistical problem**.

Mr. Brandon Maughan, Year II student representative, explained that **students need one “go-to” person**. Between five to seven different individuals currently send out e-mails coordinating the program. Additionally, students do not have **clear expectations for the sessions**. Once the students manage to get to the Physical Diagnosis sessions, however, “they’re great,” added Mr. Maughan, who candidly admitted having no sense of what the sessions/training are supposed to be. One faculty member mentioned that the lack of guidelines/expectations is not new—it has at least a 20-year history!

2. **Report from the Student CME**

Mr. Christopher King, Year I student representative, mentioned two concerns of the **Class of 2010**: 1) **Grades for Block 1** have not yet been received, and 2) the desire for a **class meeting with the Interim Dean**. Dr. Wilson-Delfosse responded that Dr. Pamela Davis, Interim Dean will meet with the **Year I class (Class of 2010) Tuesday, October 3, from 9:30 to 10:00 a.m. in E301**, and with the **Year II class (Class of 2009) Tuesday, October 3, from 10:00 to 10:30 a.m. in E401**. Dr. Wilson-Delfosse clarified that the IT is in place to release the grades. Unfortunately, one Block 1 preceptor, who is currently unavailable and did not submit grades, is responsible for the delay. Because all 1) student grades and 2) facilitator evaluations by the students are distributed at the same time, nothing has been circulated. Block 1 facilitators continuing to precept in Block 2 would have liked timely feedback in order to improve their skills, just as students would have liked to benefit from their Block 1 assessment early in Block 2. Overall, it is hoped

that Block 2 feedback will be distributed to students and facilitators within two weeks following conclusion of the block.

3. **Foundations of Medicine and Health Update**

Dr. Amy Wilson-Delfosse, Basic Science Curriculum Council Chair, continued her Foundations update, already begun when addressing Student CME concerns. She has been meeting with **Block 3** faculty who are optimistic that they will be ready for targeted deadlines “in advance.” She estimates that between half to three-fourths of the Block 3 cases are in reasonably mature form and should be piloted soon.

When asked about **Block 2**, Dr. Wilson-Delfosse felt that it has been going well. She noticed significant improvements made in **Anatomy/Histopathology**, where an earlier introduction of office hours and review sessions would have been beneficial. Dr. Ziats recently introduced an **optional histopathology self-learning assessment site on the eCurriculum**. This learning activity will be updated regularly. Construction of **Inquiry Group (IQ Group) cases** has been very good with commendable growth and improvement in the facilitator guides. Society Dean, Dr. Kent Smith, attended a meeting today with 18 students (two IQ Groups combined) in a mid-block debriefing, part of the **Professional Learning Plan**. Students had no complaints and felt that the block was progressing well, as they met to **share their individual learning strategies**.

Dr. Wilson-Delfosse added that the Professional Learning Plan promotes continuous quality improvement. It is meant for the individual student to identify any gap in either process of learning or content and develop a study plan to fill the gap. Every five to seven weeks, the students reunite in their small groups to review the plan with the society dean and each other. This process is similar to the development of learning plans that are used for remediation for the Classes of 2008 and 2009. Every student is required to participate in order to pass each block in the new Western Reserve₂ curriculum.

When asked by Dr. Henri Brunengraber how the “adjusting” process (diagnosis/remedy of a problem in the new curriculum) works, Dr. Wilson-Delfosse explained that many curricular reform faculty have been serving as IQ Group facilitators since July. The block facilitators meet weekly, Friday 10:00 to 11:00 a.m., for a faculty debriefing session, where student input and individual small group experiences are shared. Case writers are present for this faculty meeting and are able to make adjustments. Dr. Wilson-Delfosse added that there are also multiple **student feedback opportunities**:

- **Open feedback forums** take place approximately every other Monday for all students. Student CME representatives have suggested generating a Feedback Wiki.
- **Dr. Wilson-Delfosse and other curriculum leaders meet** on a regular basis **with Year I Student CME representatives** to increase dialog and most effectively and expeditiously respond to student feedback.
- The **feed-“forward”** system, piloted with the Class of 2009 and expanded to the Class of 2010, enables a focus group of students to preview upcoming courses with the block leader and then communicate the essence of the discussion to classmates.

Dr. Lynda Montgomery inquired about the quality of self-efficacy and self-learning skills intrinsic to the Professional Learning Plan. Dr. Wilson-Delfosse mentioned required expectations: All students will 1) submit a professional learning plan, and 2) attend all professional learning plan meetings. The society dean reviews the study plan for feasibility, not for assessment purposes. To date, students have taken the program seriously and seem to view it as helpful. Dr. Smith mentioned that students offer great tips to each other during these sessions.

4. **Flexible Program Update**

Dr. Kent Smith, Flexible Program Coordinator, mentioned that approximately 80 students from the Class of 2010 have signed up for Type A electives. Some students are taking more than one elective during a period, and some are doing Medical Apprenticeships (MAPs).

Dr. Smith was asked to compare this year's enrolment in Type A electives with that from one year ago when the program first became voluntary. Dr. Smith estimated that 40 to 60 students from the Class of 2009, enrolled in Type A electives during their first year. Enrolment is up significantly this year, despite somewhat reduced offerings.

Year II student representative, Mr. Brandon Maughan, explained feeling pressured by the shortened Biochemistry committee last year deterred many of his classmates from signing up for Type A electives. Year I student representative, Mr. Christopher King, felt that his classmates are more relaxed, thanks to the three afternoons and Thursdays dedicated to independent study. Dr. Chao added that current Year II students started in August, whereas Year I students had the benefit of an extra month to get comfortable by starting in July.

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

Dr. Wendy Shapiro, Director of Instructional Technology and Academic Computing, presented a brief overview of technology support for the last two weeks. The Vice Dean and Mr. David Pilasky are currently looking into **computer selection for the class entering next year**. Dr. Ornt will bring the final decision to the CME.

This is the first year that students had a choice of three different systems: Dell, Toshiba, and Mac. The option of using different platforms was viewed very positively by the Class of 2010. Approximately 30% of first year students chose Macintosh computers over PCs. Dr. Wilson-Delfosse urged careful consideration before moving toward mandatory computer selection.

Dr. Shapiro agreed that careful consideration is needed before making the final decision regarding computer systems.

Dr. Klara Papp pointed out, however, that students who have Apple computers are unable to load the NBME Secure Browser onto their computers unless they have Boot Camp or Parallels, enabling them to install it in their Windows partition. Without the Secure Browser, they are unable to use their own computers to take the online administered

secure examinations. These students were loaned computers for the exam by the Office of Administrative Computing (Mr. David Pilasky's group).

Dr. Chao felt that requiring Macintosh users to purchase Parallels or Boot Camp to run the Windows version would rectify the problem.

Dr. Wilson-Delfosse reiterated her opinion that mandating computers is not in the students' best interest.

Dr. Shapiro added that centrally computer selection is not mandated; there is choice.

The **new faculty support service** to help with logins and software use would like to reach more faculty. Dr. Shapiro plans to meet with Ms. Minoo Darvish, the course managers, IQ Group facilitators, and IT staff to devise a plan that best supports faculty needs. Dr. Montgomery requested that clinical curriculum faculty also be included. She is currently working with Ms. Megan Linos to develop a Blackboard site.

Dr. Shapiro is interested in **getting feedback on how the technology could be refined**. She spoke briefly with Block 1 faculty. The one question Block 1 raised about technology was: **Does wireless work successfully in the large group rooms when everyone turns on his/her computer?** In addition to the existing wireless, 802.11g, a new version, 802.22a, has been installed in the large group rooms. This version of wireless is designed to work in more densely populated areas. Dr. Shapiro suggested that testing the wireless with a live group of students would provide a more accurate result rather than simulating the process.

Since the entire Class of 2009 meets in E401, Mr. Maughan suggested using the 10 minutes between classes to turn on the wireless. Dr. Shapiro mentioned that she would try to bring the network engineers over to the School of Medicine when this is happening.

Dr. Wilson-Delfosse suggested testing the wireless in the better attended E301 used by the first year Class of 2010 instead of in E401.

Dr. Shapiro mentioned that significant work was done this week to make the **eCurriculum** meet assessment data warehousing and dissemination needs cited by Dr. Klara Papp at the September 14 CME meeting. An additional feature mentioned at that meeting, a mechanism allowing the society deans to track student progress, is also underway. Dr. Smith added that a cumbersome system in Year III makes it difficult to follow multiple sites.

Dr. Shapiro reiterated that communication is key. Please relay your concerns to her and she will do her best to move things forward.

6. **Message from the Library**

Mrs. Virginia Saha, Director of the Cleveland Health Sciences Library, urged taking a proactive stance regarding **faculty development and compliance with copyright rules**

to avoid legal problems. Tight dissemination deadlines for a new curriculum cannot take priority over obtaining proper copyright authorization. Just because one is able to find a resource electronically does not mean one can automatically use it. **Copyright rules pertain to electronic resources just as print resources.** We have been accommodating the student preference for online resources even when said resources are already clearly available in print and have some limited online access. Mrs. Saha stressed that PDF files cannot be indiscriminately e-mailed. **We already have full online, unlimited access for many resources that can be accessed using the proper network connection. Faculty need to contact the Health Sciences Library (hclref@case.edu) if they have questions about accessing electronic resources.** Currently, we have no **central filtering system** for copyright oversight. Materials provided must either be licensed or comply with Fair Use guidelines. Mrs. Saha clarified that should there be some legal problem, the Faculty Handbook states that the responsibility rests with the individual faculty member.

Discussants agreed that there is a need for offering faculty development on copyright issues. Dr. Altose suggested that the Office of Curricular Affairs take responsibility for the following issues: 1) providing faculty development regarding copyright matters, 2) assisting faculty in identifying appropriate educational print and electronic resources, and 3) fulfilling the oversight role.

7. **Assessment/Center for the Advancement of Medical Learning Update**

Dr. Klara Papp, Director for Student Assessment, mentioned that though progress has been made on assessment issues raised at the September 14 CME meeting, this being week 6 of Block 2, Block 1 grades have not as yet been released to the class. With the exception of the shorter Block 1, all blocks are 12 weeks long. Currently, we are not asking students to evaluate Interactive Session faculty until Week 12. Such a delay may compromise validity of the data, which are intended to be useful to faculty for promotion and tenure. While the end-of-block assessment of faculty is tied to the NBME Cumulative Achievement Test, we are currently unable to tie the mid-block assessment to something. Dr. Kent Smith explained that students review their mid-block Professional Learning Plans with their society dean, but these are not finalized until the end of the block. In response to one member's suggestion, Dr. Papp explained that the faculty evaluation site cannot remain open the entire duration of the block, because that would result in significant variations confounding the data. Year I student representative, **Mr. Christopher King recommended linking the mid-block Interactive Session faculty member evaluations completed by the students with the already established mid-block IQ Group facilitator evaluation program.**

In recognition of the many matters needing consideration, **Dr. Altose mandated that the "kitchen cabinet," consisting of Drs. Dan and Terry Wolpaw, Amy Wilson-Delfosse, and Klara Papp, reconvene and assume a more aggressive role in resolving these issues.**

Dr. Papp, Director for the **Center for the Advancement of Medical Learning (CAML)**, mentioned that a luncheon celebrated the **official opening of the Center with the Graber family on September 27.** Thanks to the generosity of alumnus Dr. Tom Graber,

the Center was established to 1) provide resources for faculty and students alike, 2) assume responsibility for program evaluations, and 3) cultivate scholarship and research in medical education. Dr. Papp offered Mrs. Virginia Saha the opportunity to present a workshop on copyright laws as suggested during today's CME meeting. Please contact Dr. Papp (Klara.Papp@case.edu) with any suggestions.

Dr. Altose concluded the meeting by reiterating his intent to communicate issues needing attention raised during today's meeting to the proper parties for follow-up and action plans.