

Overview of 2003-2004 Committee on Medical Education Meetings
Arranged Chronologically by Meeting Date and Issues Discussed
(Detailed Digest Available upon Request)

September 11, 2003

1. **Dr. Murray Altose, CME Chair**, announced the reconfiguration of the councils into a newly created **Basic Science Curricular Council**, responsible for planning, organizing, and managing the basic science curriculum over four years, and a newly created **Clinical Curriculum Council**, with the same function for the four years of the clinical curriculum. The **Curriculum Steering Council for the CCLCM of CWRU** remains intact. The **Flexible Program Council** will be modified to *incorporate* Dean Horwitz's vision of civic professionalism, public health, scholarship and research, and hands-on practical leadership skills *into the curriculum*.

The motion that the CME endorse the appointments of Dr. Linda Lewin as Clinical Curriculum Council chair and of Dr. David Katz as Basic Science Curriculum Council chair passed unanimously.

2. **Comments from the Vice Dean for Education and Academic Affairs**
Dr. Lindsey Henson highlighted progress of the **clinical curriculum**, as evidenced by ongoing 1) retreats, 2) collaboration of faculty from both the University and College programs, 3) delineation of both learning objectives and skills expectations, 4) redesign of the third and fourth years to increase the amount of flexible time, and 5) improvement of feedback and monitoring clinical skills to ensure proper preparation for the Clinical Skills Examination (CSE). **July 2006 marks the start of the new Year III curriculum for both the University and College programs.**

CWRU received a prestigious **grant funded by the Josiah Macy Foundation for the New York Academy of Medicine/AAMC**. This grant supports programs for strengthening the fundamental clinical training of medical students by focusing on the *clinical transaction*.

Dr. Terry Wolpaw became the **Associate Dean for Curricular Affairs** in August. The new **Office for Curricular Affairs (OCA)** will have two roles: 1) To facilitate the development of our curriculum through sharing in curricular planning, faculty development, assessment, and educational research, and 2) To create an instructional support network to help faculty with course delivery.

The **Scholars Collaboration in Teaching and Learning**, originally awarded \$175,000 for its 2002-03 start-up year from the Provost Opportunity Fund, will continue this year and be supported by the School of Medicine. Eight faculty, eight Year II students, and eight Year IV students will participate in the program this year. One resident will join this year as a pilot.

The Annual Education Retreat will take place Friday, February 27, 2004 at Landerhaven. It will focus on the Assessment of Clinical Skills and Incorporating Advanced Basic Science Skills into the Clinical Years.

3. **Report from the Flexible Program Council**

Dr. Kent Smith, Flexible Program Coordinator, mentioned the desire of the society deans to make use of the Flexible Program to coordinate Dean Horwitz's vision, particularly civic professionalism. The **names of the four societies** into which the current Year I and Year II students are divided **and their respective deans** follow:

- David Satcher Society – Dr. C. Kent Smith
- Frederick Robbins Society – Dr. Robert Haynie
- Emily Blackwell Society – Dr. Elizabeth McKinley
- Joseph Wearn Society – Dr. Steven Ricanati

For the first time, **Year I students are able to take one Type A elective during Period I.** The majority of the class chose to take advantage of this option.

4. **Update on the Student CME**

Ms. Connie Liu has chosen to pursue a dual degree that logistically conflicts with the CME meeting schedule and that will change her status as a member of the Class of 2006 that she so effectively represented last year. **Mr. Michael Buschur**, student CME representative, will become the Acting Year II representative until a formal election is held.

5. **Report from the Cleveland Clinic Lerner College of Medicine Curriculum Steering Council**

Dr. Andrew Fishleder, Co-Chair of the CCLCM of CWRU Curriculum Steering Council, highlighted progress pertaining to:

- 1) Organ system blocks—PBL cases and tutor guides to be completed by the end of December
- 2) Research curriculum—addition of a weekly Friday noon to 1:30 seminar
- 3) Clinical curriculum—increase of Year II clinical activity from one to two half-days per week
- 4) Calendar for ICM (Introduction to Clinical Medicine)—recommendation that ICM start and end at the same time for *all* students.

The LCME site visit to the College will take place September 12, 2004.

6. **Health Sciences Library Update**

Mrs. Virginia Saha, Cleveland Health Sciences Library Director, announced a reception to be held Friday, October 24, from 4:00 to 7:00 p.m. to celebrate completion of the library renovation.

September 25, 2003

1. **Dr. Murray Altose** presented the CME-endorsed nominations of Dr. Linda Lewin as Clinical Curriculum Council Chair and Dr. David Katz as Basic Science Curriculum Council chair at the September 22 Faculty Council meeting. The CME in conjunction with the Vice Dean for Education and Academic Affairs will subsequently define the composition of the curriculum councils and develop an agenda for each curriculum council conducive to tracking progress over time. An executive or steering group, consisting of the Vice Dean for Education and Academic Affairs, the CME chair, the Associate Dean for Curricular Affairs, and the curriculum council chairs, will be established. This group will meet regularly to ensure a common and consistent agenda and effective integration among the various curricular components.
2. **Update from the Student CME**
Mr. Michael Buschur, Acting Year II student representative, reported that the **online exam feedback system** developed by the Committee on Student Representatives (CSR) this summer has been successfully incorporated into this year's exams. The system allows students to see their answers following an exam.
3. **Update from the Director of Curricular Administration**
Ms. Minoo Golestaneh announced major projects of the Office for Curricular Affairs (OCA): a) Organizing the **annual education retreat to be held at Landerhaven Friday, February 27, 2004**, and b) Formalizing a **standardized support system protocol for subject committee chairs**.
4. **Update from the Registrar**
Mr. Joseph Corrao announced the **revised** School of Medicine **transcript**, listing individual subject committees and core clerkship grades.
5. **Report from the Clinical Curriculum Council**
Dr. Linda Lewin, Clinical Curriculum Council chair, is in the process of determining **how best to structure the diverse body** comprised of Introduction to Clinical Medicine and Physical Diagnosis directors and core clerkship directors.
6. **Report from the Flexible Program Council**
Dr. Kent Smith, Flexible Program Coordinator, presented a) a listing of the most **popular Type B electives**, and b) a request for the CME to endorse the **procedural policy for Type B elective enrollment**. **The revised Type B elective enrollment policy effective as of January 1, 2004, received a strong endorsement by the CME.**
7. **Report from the Office of Biomedical Information Technologies**
Dr. Thomas Nosek, Associate Dean for Biomedical Information Technologies, listed current projects: a) Plans to commercialize the CPDP cases converted to laptop format, b) Creation of a template for real PBL cases, c) Student ePortfolios,

- d) A specialized reporting system for the society deans, and d) Collaboration with the dental school for development of a Dental School eCurriculum.
8. **Health Sciences Library Update**
Mrs. Virginia Saha, Cleveland Health Sciences Library Director, announced the reception celebrating completion of the Health Center Library renovation scheduled for Friday, October 24, from 4:00 to 7:00 p.m.
 9. **Comments from the Vice Dean for Education and Academic Affairs**
Dr. Lindsey Henson recently attended a meeting with Dr. Lewin for all recipients of the *clinical transaction skills grant funded by the Josiah Macy Foundation for the New York Academy of Medicine and AAMC*. One of the four original recipients (with the recent addition of two more schools), CWRU is honored to be chosen from an application pool consisting of roughly half the number of existing medical schools. Focus is on how students learn and master three clinical transaction skills during their third and fourth years: history taking, performing a physical examination, and clinical reasoning.
 10. **Comments from the Dean**
Dr. Ralph I. Horwitz, Dean of the School of Medicine and Vice President for Medical Affairs, would like to reinvigorate the curriculum—find a fresh way of continuing CWRU’s tradition of innovative education that would move in directions needed for today’s changing health care system. Dr. Horwitz would like to **unite clinical medicine and the practice of public health**. He would like to see the creation of a *School of Medicine and Health* at CWRU. Over the next 24 months with a target date of Fall 2005, Dr. Horwitz would like to see the development of a revised and enhanced curriculum to a) Unite clinical medicine and **public health**, b) Emphasize **research and scholarship**, c) Emphasize mastery of **clinical skills**, d) Collaborate with Weatherhead to develop a curriculum in **leadership**, and e) Promote **civic professionalism** as a “social contract” to counteract erosion of the public’s trust in medicine. **Protecting the time of the student** to allow for **independent study** will necessitate streamlining the curriculum. With respect to **diversity**, Dr. Horwitz intends to maintain the significant enrollment levels of a) underrepresented minorities, and b) nontraditional students (those deviating from the high school/undergraduate college/medical school pathway). He would like to see the enrollment broadened to include larger national representation. Dr. Horwitz hopes that *all* students would elect a **fifth year** to take full advantage of all of the new academic and scholarly opportunities.

October 23, 2003

1. **Comments from the Chair**
Dr. Murray Altose introduced the two newly elected student representatives: **Mr. Jason Garnreiter (Year II)** and **Mr. Christopher Utz (Year I)**.

Dr. Altose invited follow-up **discussion on Dean Horwitz's presentation of his vision at the last CME meeting**. There was consensus that the emphasis on **public health, research and scholarship, clinical skills, leadership, and civic professionalism** was relevant and timely and touched on important priorities for a new curriculum. Concern focused on the challenges and impediments to the development and implementation of a new curriculum. There was strong support for the concepts of basic science and clinical integration and continuity over the full four years of the curriculum. Dr. Henson mentioned the overall goal: creating a ***diminished* basic core curriculum (applying to both basic science and clinical science components) and adding a *required, "selective"* advanced core curriculum** that affords students the opportunity to "focus" and pursue different learning objectives in depth.

Due to conflicting commitments, Dr. David Katz has decided not to take on leadership of the Basic Science Curriculum Council. Dr. Henson and Dr. Altose are working on identifying another candidate for the position of Basic Science Curriculum Council Chair.

2. **Report from the Student CME**
Students expressed satisfaction with the way both Year I and Year II are progressing.
3. **Update on the Clinical Curriculum Council**
Dr. Linda Lewin, Clinical Curriculum Council Chair, provided an update on **structuring** the CCC, whose curriculum oversight extends from Year I through a potential Year V and whose membership represents ICM as well as the clerkships. Dr. Lewin favors the "***convener***" concept, previously used in the clerkships, where one person is designated to represent all sites of that particular clerkship at council meetings and report back. Dr. Lewin outlined specific **goals**:
a) improving communication between all the various parts of the clinical curriculum to eliminate redundancy and to share information, b) providing feedback to any faculty member wishing to present a project in progress, and c) discussing issues relevant to ***everyone***, for example, evaluation and tracking of clinical skills across four years.
4. **Report from the Flexible Program Council**
Dr. Kent Smith, Flexible Program Coordinator, mentioned that one of the most popular Type B electives is the reading elective taken in preparation for the USMLE Step 2. Referring back to earlier discussion about the integration of basic science and clinical science, Dr. Smith recalled our prior experience with the **CPC** (Clinical-Pathologic Conference), broadcast from E301 to other areas of the medical school and to hospital affiliates during the 1998-1999 academic year. While the three whole-school CPC's were well done, the number of students participating was disappointing. Offering **CPC electives** on a much smaller scale was suggested.

5. **Report from the Cleveland Clinic Lerner College of Medicine Curriculum Steering Council**
Dr. Andrew Fishleder, Co-Chair of the CCLCM Curriculum Steering council listed target dates for: a) completion of all Year I organ-based courses and summer research and Physical Diagnosis courses; b) completion of Year I course syllabi, and c) presentation to the CME of a report on the assessment model. Dr. Fishleder distributed a model weekly medical school schedule.

6. **Report from the Office of Biomedical Information Technologies**
Dr. Thomas Nosek, Associate Dean for Biomedical Information Technologies, mentioned current projects involving his staff: a) posters—on Preventive Medicine and Health Promotion and on wireless technology and PDAs—for presentation at the upcoming AAMC meeting, b) Cancer Genetics online multimedia learning resource, and c) student information system used by the four society deans. A request by Dr. Henson and Dr. Wile to access the electronic question bank to generate Year I quiz questions for the CCLCM raised the issue of granting **access to the electronic question bank used to generate our secure exams**. Discussion of ownership of *intellectual property* ensued. As an *ad hoc* solution, Dr. Nosek will e-mail the few parties involved in allowing access to the examination question database. For the future, however, Dr. Nosek volunteered to draft a document regarding a comprehensive policy pertaining to the use of the database and bring it before the CME.

November 13, 2003

1. **Report from the Student CME**
Desire for better communication of Dean Horwitz's vision to the students—particularly with respect to a) **research**, and b) **Problem-Based Learning** as a possible replacement for lecture. Dr. Altose assured the students that should we embark on developing a new curriculum, there would be strong student involvement and participation in this endeavor. **The CME will apprise the Dean of the students' concerns**. For the first time, **Year II DAB** (Drug Action and Biodisposition) has become a *longitudinal* committee. Co-Chair Dr. John Mieval has already started designing and implementing quizzes that will run throughout the year and serve to update the students.

2. **Report from the Associate Dean for Curricular Affairs**
Dr. Terry Wolpaw, Associate Dean for Curricular Affairs, circulated the mission statement and goals of the new Office for Curricular Affairs (OCA). This one office will deal with what is at some schools handled by two separate offices—one dealing with such matters as faculty development, curriculum development, assessment and evaluation, and educational research—and another providing support for the teaching faculty. At CWRU, there is no faculty support office. Because of this, Curricular Affairs is proposing that it develop a faculty support arm. The OCA has begun by designing and preparing to pilot the **Instructional Support Team (IST)** to offer support for committee chairs in the administration, implementation, and evaluation of their committees. **Mr. Craig Hull** will head

the Instructional Support Team with the help of the Director of the Office for Curricular Affairs, **Ms. Mino Golestaneh**. The IST will pilot the program with two subject committees that teach in the spring: Year I Fundamentals of Therapeutic Agents (FTA) under the leadership of Dr. Amy Wilson-Delfosse and Year II Gastrointestinal under the leadership of Dr. Kevin Mullen. These subject committee chairs have already completed a *pre*-test survey, indicating the anticipated degree and range of their own efforts expended running the committee **assuming they would receive no support**. After the pilot, these same subject committee chairs will complete a *post*-test survey, indicating the actual allocation of their own efforts in various areas **having received support by the IST**. Dr. Wolpaw will share the results of the survey with the CME. IST hopes to establish a “cycle” of support for the subject committee beginning well in advance of the committee and carrying through after its end.

A new Year II elective is being piloted that may eventually become a part of an Area of Concentration (AoC) in “Developing Skills in Medical Education.” The IST and students will **read through the syllabus** (pilot is FTA syllabus with the support of Dr. Wilson-Delfosse) **and track changes**, which the committee chairs can choose to accept or ignore, and offer suggestions on ways that the syllabus could serve as a more effective learning tool.

Evaluations for the subject committees, clerkships, and ICM will be examined by a different team, the *Evaluation Support Team (EST)*. The committee chair will develop an *action plan* that can be presented to the CME and shared with the students so that they know their suggestions were heard.

Dr. Wolpaw presented highlights from a recent **13-School Consortium Report on Curriculum Development**. The next LCME self-assessment will have some new criteria:

- Ability to **document the kinds of patients our students see**. The PDA may be a vehicle for this.
- Documentation that each student has been **observed when taking a history or performing a physical examination and received feedback**.

We have begun work on developing a **simulation center** where mistakes can be made and learned from in safe, simulated clinical situations.

3. **Report from the Clinical Curriculum Council**
Dr. Linda Lewin, Clinical Curriculum Council Chair, has been meeting with the many small group components of the CCC, encouraging each of them to choose a CCC representative. Interest in the following topics has been widespread: a) evaluation, and b) drafting a job description for the clerkship director in terms of time and support, similar to that for an academic endeavor.
4. **Report on the *Biochemistry Subject Committee***
Dr. Altose explained that in the absence of a Basic Science Curriculum Council chair, individual subject committee chairs will provide reports to the CME. **Dr.**

William Merrick, Biochemistry Committee chair, provided a summary of his Year I committee. Highlights:

- Introduction of **“PBL-light,”** a series of questions integrating material over three to five lectures, assigned to groups of students and answered in small group format
- Introduction of the **formative two-week online interim examination**—administered two weeks into the four-week committee
- Elimination of cameo lectures.

Dr. Merrick also cited **difficulties** encountered and an **action plan** to improve student learning next year.

5. **Report from the Flexible Program Council**

Dr. C. Kent Smith, Flexible Program Coordinator, mentioned that this was the first year that Year I students had the option of taking a Type A elective during Period 1. More than two-thirds of the Class of 2007 took advantage of this opportunity. However, approximately 20% of this group had to drop, citing the demands of Physical Diagnosis and ICM. It is significant to note that the majority of Year I students signing up for a Type A elective during Period 1 successfully completed the requirement. They enjoyed the option for early involvement in the electives program and the variety of topics in addition to the basic science core program open to them.

6. **Health Sciences Library Update**

Mrs. Virginia Saha, Cleveland Health Sciences Library Director, reported that the October 24 reception celebrating completion of the renovation of the Health Center Library was enthusiastically received. The next step in the process consists of decorating our walls with inspiring artworks.

December 11, 2003

1. **Comments from the Acting Chair**

Dr. Louis Binder presented highlights pertaining to medical education from the AMA Section on Medical Schools winter meeting recently held in Hawaii.

2. **Report from the Vice Dean of Education and Academic Affairs**

Dr. Lindsey Henson urged submission of nominations for the **Glennan Fellowship Program awards** that recognize excellence in teaching for faculty members in the tenure track who are not yet tenured.

Case policy on the USMLE—Effective with the Class of 2005—was presented for clarification: Case School of Medicine students must **pass** the United States Medical Licensing Examination (USMLE) **Step 1** at the end of the second year to advance to the third year. Students are also required to take the USMLE **Step 2 Clinical Knowledge (CK)** by January 31 in the year they intend to graduate. To be eligible for graduation from the school, students **must obtain at least the minimum passing score on the USMLE Step 2 CK** as established by the USMLE Composite Committee. In addition to passing the USMLE Step 1 and

USMLE Step 2 CK, **students must sit for the USMLE Step 2 *Clinical Skills (CS)* prior to graduation.**

Case is revamping its **OSCE** (Objective Structured Clinical Examination) **program** in order to better prepare our students for the Clinical Skills component. The intent is for students to 1) get experience using clinical skills, and 2) receive feedback on their performance.

Dr. Henson responded to an inquiry about **Dean Horwitz's proposal** to create the "Case School of Medicine and Health." Dean Horwitz has produced a white paper describing his vision to create an educational program for medical students at the University dealing with both disease and health, which will require us to design a new basic science and clinical curriculum. The start date of the new curriculum is **2006**. The year 2006 will also mark the start date of the new Year III and Year IV clinical curriculum that will accommodate both the College and University students.

3. **Report from the Student CME**

Year III student representative, **Mr. Brian Chow** mentioned his classmates' concern about the **disparity in evaluation among different sites of the same clerkship**, where similar performance did not earn similar final grades. **Students would like clerkship grading standards to be published in a catalog for all students to see before the clerkship starts so that they know what is expected of them.** The Clinical Curriculum Council chair is interested in obtaining the data on variability of grades. **The Dean's Letter format was discussed and it was recommended by one CME member that it be changed to more authentically represent student performance. The Clinical Curriculum Chair responded that before such a recommendation could be made, all of the complex issues that affect clerkship evaluations would need to be addressed.**

The Year II student representative, **Mr. Jason Garnreiter**, and the Year I student representative, **Mr. Chris Utz**, will meet with Dean Horwitz on January 5, regarding clarification of the Dean's vision. **Mr. Jason Garnreiter** has started the **process to find a temporary replacement for Year IV CME voting member Mr. Jim Lan.**

4. **Report from the Clinical Curriculum Council**

Dr. Linda Lewin, Clinical Curriculum Council Chair, announced that the first meeting of the CCC held November 25 was well attended. The meeting focused on goals, how to run the CCC, what issues to address. A primary role of the CCC was perceived as communication, keeping members informed as to what is going on.

5. **Report from the Flexible Program Council**

Dr. Kent Smith, Flexible Program Coordinator, announced that a Micromolecular Biology graduate course taught by Dr. Jonathan Karn and Dr.

Michael Lederman will be offered as a Type A elective. There are plans to bring in local and outside experts for the summer research.

6. **Report from the *Molecular Biology, Developmental Biology, and Genetics* Subject Committee**

Dr. Matt Warman, Molecular Biology, Developmental Biology, and Genetics subject committee co-chair, highlighted this year: major organizational changes that required integrating four disparate disciplines—histology, molecular biology, embryology, and genetics; and adding more clinical correlations conferences. Plans for next year include updating the syllabus in a more timely fashion and increasing the number of clinical correlations. Dr. Warman offered two concepts: 1) allowing students to *self-select* the small groups that they choose to attend, and 2) issuing a statement that textbooks should be the primary resource not the syllabus. **Students recommended that prior to beginning the course, subject committee chairs should indicate to the students whether or not they should buy specific texts.**

7. **Information Technology Update**

Dr. Thomas Nosek, Associate Dean for Biomedical Information Technologies, described the new ePortfolio system, which will allow students to upload information to share, at their discretion, with classmates, faculty, or only with their advisers.

8. **Update from the Office for Curricular Affairs**

Dr. Terry Wolpaw, Associate Dean for the Office for Curricular Affairs, and her staff have been working with focus groups of subject committee chairs to determine a **faculty needs assessment**. Topics for consideration include large and small group teaching and feedback. Once developed, a concise series could be offered several times.

9. **Health Sciences Library Update**

Mrs. Virginia Saha, Cleveland Health Sciences Library Director, announced that Case Western Reserve University has joined BioMed Central through OhioLINK's consortial membership. BioMed Central is an Open Access publishing enterprise and covers a large range of basic science and clinical disciplines. Because Case is now a member, faculty no longer have to pay significant amounts to publish in the BMC titles.

January 8, 2004

1. **Review of December 11, 2003 Minutes**

Return to importance of addressing the **“syllabus” issue**. Expectation that everything the students need to learn should be contained in the syllabus conflicts with the Case goal of producing lifelong, self-directed learners skilled in learning from multiple resources. A work group of subject committee chairs could be established to look into the matter. Students are neither opposed to using primary sources nor use them as sparingly as was the impression at the last CME meeting.

The syllabus condenses material making it a useful tool when reviewing for Case exams. Some students believe that all the material covered in an interim exam should be included in the syllabus or come from specific textual references by the faculty. There needs to be a clarification of what is expected regarding source material, as wide variation exists among the subject committees. Currently, there is no consensus among committees about useful primary sources. This needs to be decided and communicated to the students.

2. **Comments from the Chair**

With regard to potential new LCME accreditation standards, **Dr. Altose** foresees *service learning* as being incorporated in our curriculum under Dean Horwitz's "civic professionalism." *Quality improvement and prevention of medical errors* will be incorporated into the Tuesday morning ICM clinical learning groups.

3. **Comments from the Vice Dean for Education and Academic Affairs**

Dr. Lindsey Henson announced completion of the series of *planning* retreats that began February 2003 for the **new Year III clinical curriculum to accommodate both the College and University students starting in 2006**. Currently, feedback is sought from the faculty on **several comparative models** of the Year III curriculum focusing on private ambulatory care, design of the basic clinical core—which disciplines go together, how best to utilize the clinical learning group (CLG) concept of ICM. Based on this feedback, one **single model** will be designed and **presented at the annual education retreat at Landerhaven on February 27** for further input. Dr. Linda Lewin (head of the University clinical curriculum committee) and Dr. Bud Isaacson (in charge of the College clinical program) will present the model to the **CME in April** with the intent to put together **a working group in May with 2006 as the target date for the new Year III curriculum**.

Preparing **Year I and Year II ICM** for a smooth transition into the new third year curriculum is already underway. Among the changes, one half-day per week will be designated for the students to pursue the clinical curriculum.

4. **Report from the Student CME**

Mr. Jason Garnreiter (Year II student representative) and **Mr. Christopher Utz** (Year I student representative) met with Dean Horwitz on January 5 to convey the issues about which the students would like to be informed. The **student meeting with the Dean** will take place **Thursday, January 29 at 1:00 p.m. in Frohing Auditorium in the BRB** (E401 in the School of Medicine should there not be adequate seating).

5. **Report from the Nervous System Committee**

Dr. Altose welcomed *Year II Nervous System* subject committee guests, current co-chairs, **Drs. Jerry Silver and Elizabeth Pehek** and committee member **Dr. Steven O’Gorman**. The current leadership arrangement is for multiple **neurosciences co-chairs to rotate through the basic science leadership over**

three years, with Dr. Silver at the helm this year, Dr. Pehek taking over for next year, and Dr. O’Gorman the year after that. Dr. Brian Maddux will continue to provide the clinical leadership.

Dr. Silver presented background/highlights of what he considers to be a very strong committee. He could envision “tweaking” the spacing of lectures but would not recommend any sweeping changes.

Dr. Silver cited the following as *strengths* of the NSC: the committee system that affords a **broad sampling** of anatomy, physiology of the circuit and the consequences of disturbing that circuit; **excellent**, exciting **lectures**; and **expertise of the faculty** participating in the course.

Dr. Silver cited *problems/frustrations* encountered, specifically citing a **lack of professionalism** among certain students. In reference to **caustic criticism of a faculty lecturer by a few students**, Dr. Silver felt **the need for either the committee chairs or a student committee to screen the written student feedback comments**. **Poor student lecture attendance at 8:00 a.m. and inconsiderate drifting in** by students between 8:00 and 10:00 are also disincentives to teaching. In an attempt to reverse the **current tendency of students to ask less questions than in years past**, Dr. Silver suggested ensuring that lecture does not run overtime to allow sufficient time for faculty to stimulate discussion with students. Dr. Silver also sought clarification and uniformity on **policies** pertaining to the **significant number of students exempted from taking the exam (either midterm or final) on the day it is given and the number of remediation exams allowed**.

Mr. Garnreiter mentioned very positive feedback from his classmates. The Nervous System Committee is difficult but challenging, and this is perceived as a positive attribute.

6. **Report from the Flexible Program Council**

Dr. Kent Smith, Flexible Program Coordinator, expressed his enthusiasm for the new Type A elective designed by Dr. Jonathan Karn and Dr. Michael Lederman, consisting of a 6-credit series on AIDS and HIV open to both medical and graduate students with funded summer research opportunities a good possibility.

January 22, 2004

1. **Report from the Student CME**

At the last CSR (Committee on Student Representatives) meeting, there was consensus on the need to revamp the student evaluations with the goal of contributing constructive criticism to improve the subject committees. **Mr. Kimathi Blackwood** is the new **Year IV temporary student representative** for Mr. Jim Lan during his absence. The **students’ meeting with Dean Horwitz** has been changed to **Monday, February 2**.

2. **Report from the Hematology/Oncology Committee**

Dr. Timothy O'Brien, co-chair of the *Hematology/Oncology* Committee, provided an **overview** of this, the first committee of *Year II*. The majority of content hours concentrate on benign and malignant hematology, with the students receiving only “broad concept” exposure as an introduction to oncology. **Dr. Larry Kass**, the committee’s other co-chair, oversees the pathology aspects of the committee. The three-week “Heme/Onc” committee consists of 66 hours, divided into 41 hours of lecture, 17 hours of small group case discussions, and 8 hours of lab (5 hours of labs plus 3 hours of lab exercises). The “optional” four-hour review session held Saturday before the Monday exam gets a 90-95% turnout.

Dr. O'Brien listed **recent changes**: reduction of “cameo” lectures, expansion of small group cases, videostreaming demonstration of a bone marrow biopsy, links to the ASH (American Society of Hematology) website for “clinical correlations,” audience interaction questions at the end of a lecture using “Who Wants to be a Millionaire” multiple-choice-question format, and conversion of all pathology slides to digitized format by Dr. Kass.

Dr. O'Brien next listed **accomplishments**: “excellent” rating by 82% and 86% of the students, respectively, for the past two years; firsthand feedback from students encountered on the wards who recall valuable small group discussion material; invitation to Dr. O'Brien to give a presentation at the American Society of Hematology (ASH) for 2004 with emphasis on small group case expansion and audience interaction.

Dr. O'Brien cited **areas requiring attention**: some disorganized demonstrations during lab exercises due to difficulty in recruiting faculty and concern that 41 hours of lecture may be too much passive learning.

Dr. O'Brien concluded his presentation by enumerating **future plans**: further expansion and revision of small group cases, further reduction in number of “cameo” lecturers, more audience interaction questions at the end of lectures, perhaps a new textbook, videostreaming of lab demonstrations.

Year II student representative, **Mr. Jason Garnreiter**, mentioned that his classmates regard “Heme/Onc” as a model committee where faculty are interested in the students’ learning and put much effort into their teaching.

3. **Comments related to the Clinical Curriculum Council**

In Dr. Linda Lewin’s absence, **Dr. Thomas Nosek**, Associate Dean for Biomedical Information Technologies, presented an update on the **online student evaluation system for the clerkships**. The Neurosciences clerkship pilot of this system started in July 2003. **The proposal to expand the online student evaluation system for use in all the clerkships starting in July 2004 was approved by the CCC.**

4. **Report from the Flexible Program Council**
Dr. Kent Smith Flexible Program Coordinator, encouraged students to get to know **Dr. Claire Doershuk**, appointed by the Dean to the newly created position of **Associate Dean of Medical Student Research** at the School of Medicine.
5. **Information Management Update**
Dr. Thomas Nosek, Associate Dean for Biomedical Information Technologies, expects that the new **ePortfolio system** that affords students the opportunity to upload information, easily update/revise it, and share selected entries with parties of their choosing will go online within a few weeks.
6. **Update from the Office of Curricular Affairs**
Dr. Terry Wolpaw, Associate Dean for Curricular Affairs, announced that the **annual retreat February 27** will focus on 1) teaching, and 2) curriculum. There will be a series of morning workshops. Question-and-answer sessions will take place in the afternoon. Approximately 30 posters have been received for display on educational works-in-progress.
7. **Clinical Transaction Portfolio Project**
Lynda Montgomery, M.D., M.Ed., is **Director of the *Clinical Transaction Portfolio Project***, for which **Dr. Lindsey Henson** is the **Principal Investigator**. **Dr. Klara Papp** is in charge of the **evaluation** piece of the project.

Background: Financed by the Macy Foundation and administered by the New York Academy of Medicine (NYAM) and the Association of American Medical Colleges (AAMC), the enhancing education for the Clinical Transaction program grant was designed to address the deficiency in teaching clinical skills. The clinical transaction involves everything required during a student/patient encounter: history taking, physical examination, clinical reasoning, and communication skills. Case was one of the four initial grant recipients, which has been expanded to six, in a very competitive pool. September 2003 marked the beginning of the planning year.

Description of the project: Forty-five volunteer current Year II students will be randomized into three groups of 15 students each for the pilot starting this July. *All* students (control group and two intervention groups) will be assessed using a case-based **Clinical Skills Exam (CSE)** upon entering Year III and again near completion of Year IV—a “before” and “after” assessment. All three groups will also pursue their usual clerkships and electives during Years III and IV. Both of the *two “intervention” groups* will participate in a **Structured Clinical Instruction Module (SCIM)**, a “teaching OSCE” where clinical transaction skills are taught by standardized patients, faculty, and peer students. Students will be observed going through a case and receive feedback. The students in the ***Clinical Transaction ePortfolio intervention group*** will not only be assessed by the Clinical Skills Exam and the SCIM, but will complete an **online portfolio during** their normal **clerkships** where they will **collect data**, be **observed by faculty**

who will provide **formative feedback**, and have a different set of faculty serve as **portfolio advisers to mentor and advise** them on how to become better physicians. Through their portfolio advisers, the students will be able to **upload comments from patients and faculty and their own comments as well onto their portfolio**. The projected hypothesis for the pilot is that, of the three groups, the Clinical Transaction ePortfolio intervention group will score higher on the Year IV Clinical Skills Exam, rate their clinical transaction knowledge and skills more highly, and be more confident of their abilities to evaluate and improve self-identified weaknesses.

8. **Health Sciences Library Update**

Mrs. Virginia Saha, Cleveland Health Sciences Library Director, distributed a one-page summary of the **Case Western Reserve Copyright Compliance Policy** involving federal copyright laws on use of **print** and **digital** materials.

February 12, 2004

1. **Dr. Altose** introduced **Mr. Kimathi Blackwood**, the new Year IV student representative during Mr. Jim Lan's absence.

2. **Report from the Student CME**

The Student CME welcomes faculty suggestions for improving the **subject committee evaluation letter** that its members compile. Other current forms of feedback include the **weekly face-to-face feedback session** and the **online subject committee evaluation**.

The inauguration of the **Mary Ann Swetland Center for Environmental Health** took place February 3. Consensus among students was that if this is to become a yearly event, it should be more student-centered. Students would have liked 1) more involvement in planning and organizing the project, 2) more time to prepare the posters based on their original grant proposals, and 3) access to individuals with grant writing expertise.

3. **Basic Science Curriculum Report on the *Cell Physiology* and the *Neuromuscular* Committees**

Cell Physiology and *Neuromuscular* are the first two subject committees in the Homeostasis *I* section. **Dr. George Dubyak** chairs the *Cell Physiology* committee, which serves as a "**bridge**" between what comes before and the organ systems that follow. Cell Physiology provides students with the "nuts and bolts" common to all organ systems. Not yet into the organ systems, students are presented with what appears as a disembodied assemblage of facts and concepts that is not fully appreciated until the student has acquired some perspective. **Challenges** arise as the students start anatomy and encounter heavy doses of histology while being asked to juggle Cell Physiology and Neuromuscular, which run concurrently. The Cell Physiology course format incorporates lectures, formative vignette-related quizzes, and small groups. Course content focuses on three major topics, or "subsets," with specified learning objectives. **Strengths** of

Cell Physiology point to its short, compact nature that integrates well with Neuromuscular and the immediately following Cardiovascular committee; a small number of core faculty; and a very detailed syllabus. **Weaknesses** could be corrected by compressing lectures and making them more directed if desired. There is also the challenge of coordinating what appear to be disparate facts and concepts. **Changes for the coming year** will be small, incremental changes, with continuing emphasis on small groups, which have been well received by the students.

Dr. Steven W. Jones chairs the *Neuromuscular* committee, which marks the onset of the organ system-based curriculum and covers the basic principles of nervous system function. Taught concurrently with cell physiology, gross anatomy, and the physiology and histology of bone, Neuromuscular interacts with cell physiology, the several component committees of Homeostasis, and the Year II Nervous System Committee. Dr. Jones divided the content into four main topics and explained the distribution of hours in terms of lecture, small groups, labs, and clinical correlations. Neuromuscular is a **strong committee** with a coherent subject area that has earned positive student feedback. **Issues** being addressed include logistical problems caused by a standing national meeting affecting lecturers, reducing the number of lecturers, more focus on integration, and follow-up on inclusion of related topics elsewhere in the curriculum.

Year I student representative, **Mr. Chris Utz**, felt that both the Cell Physiology and Neuromuscular committees are well-organized, with useful computer labs and worthwhile small groups, particularly the clinical correlation conferences.

4. **Clinical Curriculum Council Report**

Dr. Linda Lewin, Clinical Curriculum Council Chair, mentioned that in response to student concerns about the **disparity in evaluation among different sites of the same clerkship** raised at the December 11, 2003 meeting, the CCC launched an examination of data furnished by the Registrar. Upon investigation, it was decided that the issue extends to the **entire matter of grade distribution in general—percentage of honors, commendable, and satisfactory** awarded. The CCC plans to revisit this issue and develop a recommendation to bring before the CME pertaining to what the grade distribution should be and how to monitor it. A **new online evaluation system** piloted this summer for Dr. Preston's Neurosciences clerkship should address the need for timely receipt of grades from the clerkship directors by affording easy accessibility, simplifying the grading process, and guaranteeing instantaneous grade transfer. Beginning in July 2004, **all** clerkship evaluations will be done online.

5. **Cleveland Clinic Lerner College of Medicine Curriculum Steering Council Update**

Dr. Andrew Fishleder, Cleveland Clinic Lerner College of Medicine Curriculum Steering Council Co-Chair, announced that 1) assessment in the College program,

and 2) the clinical research curriculum will be brought before the CME in the immediate future.

6. **Information Management Update**

Dr. Thomas Nosek, Associate Dean for Biomedical Information Technologies, is currently looking into the matter of **ownership of test questions and content provided by faculty in the eCurriculum** and will report back to the CME.

Video streaming of eCurriculum lectures has become very popular, and streaming each lecture is now the default system. Students have expressed enthusiasm for **a new program that enables the individual to control the speed of a video stream**. One can watch a lecture at **up to 2.5 times the normal speed** while retaining a normal-sounding audio. Increased speed makes for a useful review mechanism, while the option to slow down a “fast-talking” lecturer has its own merits. There remain **questions as to the number of times a student can remediate with a subject committee chair**. Two matters need to be decided: 1) Should a student be allowed to re-remediate? 2) Who designs that system?

Copyright issues—specifically, using **copyrighted photos/figures from textbooks**—merit attention. A program exists where all primary texts are in electronic format. While expensive for the students, a site license for this program would enable the faculty to have rights to include all the figures contained in the print syllabus, eCurriculum, and in PowerPoint presentations. Since 1993, each entering medical student has been given a **notebook computer** that is maintained by the Office of Biomedical Information Technologies for four years, after which time it belongs to the student. Continuing to provide each entering student with a notebook computer is currently under discussion in the Dean’s office. One of the main advantages of providing students with laptops is that the BIT office controls the computers and guarantees that they are in working order for our electronic exams.

7. **Health Sciences Library Update**

Mrs. Virginia Saha, Cleveland Health Sciences Library Director, mentioned that the **Case Western Reserve Copyright Compliance Policy** relating to federal copyright laws on use of *print* and *digital* materials had been passed by the Faculty Senate with an amendment offering university support only in instances where a faculty member *unintentionally* infringes copyright. Mrs. Saha is currently developing a presentation to explain the Case copyright policy to departments on campus and at affiliated hospitals. **Changes in the library’s site licenses for some online journals** have led to *password* access for a few titles which had previously been more openly accessible.

8. **Geriatric Summer Scholars Program Update**

Dr. Jerome Kowal, Associate Dean for Geriatric Medicine at Case, is the Principal Investigator for the **American Federation for Aging Research (AFAR) Medical Student Geriatric Scholars Program**, which supports hands-on clinical geriatrics and *summer research* projects in aging for *first* year medical students. Funded Medical Student Geriatric Scholars each receive a \$4,000

stipend. Recent cutbacks in funding have placed additional strain on the national program and resulted in a search for alternate sources of support on the local level. Dr. Kowal has been instrumental in regionalizing the program across Ohio and securing local support. Last summer, 11 Ohio students, including four from Case, received the \$4,000 summer scholarships. Eleven students from Case have applied for 2004 funding. Case Western Reserve University's geriatric program has been honored by the Hartford Foundation as one of 27 Geriatric Centers of Excellence across the United States, and it serves as the training center for the Ohio-based AFAR scholars. Student scholars benefit from a close working relationship with their mentor. Clinical and didactic training pertaining to care of the elderly accompanies the research activities. The summer program takes place at University Hospitals, Metro, and the V.A.

March 11, 2004

1. Comments from the Chair

Dr. Murray Altose welcomed **Dr. Lindsey Henson** in her new position as the **Vice Dean for Education for the Cleveland Clinic Lerner College of Medicine** and **Dr. Robert Daroff** as the **Interim Dean for Education and Academic Affairs** for the *University* Program. He also welcomed **Year IV student representative Mr. Jim Lan** in town for the month of March and able to attend a CME meeting.

2. Report from the Student CME

Year IV temporary student representative Mr. Kimathi Blackwood relayed fourth year **recommendations made to Dean Horwitz**: 1) Shorten the first two years to **expand third year options for exposure to areas relevant to early match**, and 2) Establish "**strongly suggested**" **electives** in areas with which all physicians need familiarity. **Year II student representative Mr. Jason Garnreiter** provided an update on the **voluntary shadowing program**, where a Year II student shadows either a Year III or Year IV student. The pilot starts this weekend in the Medicine rotation at University Hospitals.

3. Comments from the CCLCM Vice Dean for Education

As of March 1, 2004, **Dr. Lindsey Henson** became the new **Vice Dean for Education for the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University**. **The first class of the CCLCM consists of 30 students who will start July 6, 2004**. There will be a **joint white coat ceremony** for *both* the College and University Year I students on **Sunday, August 8**. The **LCME limited site visit** to the College **will take place September 12 to 15**. Dr. Henson is currently compiling the LCME database for the Year I and Year II curriculum, admissions, faculty affairs, and other aspects of the College Program.

Dr. Henson focused on explaining the **process for assessment in the College Program**. She recognized **Dr. Elaine Dannefer** as the person in charge of student assessment for the College. Dr. Henson distributed a handout delineating

both assessment *principles* and *competencies* and containing a *Year I pyramid of the student portfolio system progression* and a *Year I course schedule indicating competencies assessed*.

Assessment principles were formally presented to the CME on March 27, 2003. The goal of the College Program is to train M.D. researchers. Each College student conducts a **12- to 15-month long independent research project**. The entire College curriculum—basic science, clinical, research—involves student-directed learning. Assessment at the College consists of students collecting evidence of their learning in **portfolios**. Mastery learning is individualized in that the time period varies from student to student, depending on how long it takes the individual to master the competency. **Progress is based on competency assessment, not grades**. No grades are given in the Year III College clerkships. A challenge will occur as **both College and University students will be in the same clerkships but assessed differently**.

Dr. Henson delineated the nine **competencies** expected of College students. They were derived after examining the 6 ACGME (Accreditation Council for Graduate Medical Education) core competencies, which reflect a shift from process-oriented accreditation to demonstration of competencies. College competency mastery sets high standards, definitely exceeding minimal levels of accomplishment. A “final competency report” designating the student’s achievements in the nine required areas will be furnished to program directors when College students are applying for residency.

Students are in charge of their own learning. A pyramid diagram explains how the **student portfolio system** works. Students begin by collecting their **evidence database** pertaining to accomplishments in the following areas: research, organ systems, and clinical. Students begin compiling their e-portfolio with the start of the first research summer and continue to collect and manage the evidence via an e-portfolio throughout medical school. Each student has a **physician adviser**, who is not an evaluator. Students meet with the physician adviser for **formative** assessment three times a year. For this meeting, students prepare 1) evidence from their e-portfolio demonstrating progress in achieving the designated competencies, 2) a reflective essay on their continuing development into a physician and researcher, and 3) learning goals accompanied by written learning plans for the physician adviser’s approval. **Summative** assessment takes place at the end of each year, as students prepare a Summary Portfolio for the Promotions and Review Committee (a body similar to the University Program’s Committee on Students) that determines if the level of achievement in the nine competencies warrants advancement to the next year. The **final competency report** indicating achievement in the nine competencies acts as the equivalent of the “Dean’s Letter.”

The portfolio system concept as used in the College derives from Dundee and Peninsula in the UK and Maastricht University in the Netherlands. There exists a

scholarly literature around this assessment process, and we are consulting with experienced people.

A grid of the **student portfolio for Year I** designates the schedule of research and organ system components with a *gradual* incorporation of all the nine competencies by the second to the last organ system course. The ninth competency, reflective practice, runs throughout the entire first year. Students continually collect assessment information. They use this evidence database of competency mastery to write reflective essays on their development as a doctor and researcher and to formulate learning plans.

4. **Basic Science Curriculum Report on the Cardiovascular Committee**
Dr. Robert Harvey, chair of the *Cardiovascular* subject committee in Homeostasis *I*, provided a description of the committee's content and format and highlighted recent changes and plans for next year. Cardiovascular is a **concentrated committee** consisting of 43 hours during a **two-week** period. Dr. Harvey indicated the **allocation of hours** dedicated to each of the following formats: lecture, lab, small group, and exam—for each of the following individual components occurring during cardiovascular: Physiology/Pharmacology, Histology, and Anatomy.

When Dr. Harvey took over as chair of the committee, the cardiovascular interim examination was combined with that of the subsequent pulmonary committee. In addition to the pulmonary committee, Christmas break came between the teaching of the cardiovascular material and the administration of the exam. Furthermore, the combined exam contained both histology and anatomy practicals. This year the exam was changed so that cardiovascular was a **separate exam** no longer combined with pulmonary or tied to a histology or anatomy practical exam. A significant improvement in cardiovascular test scores occurred.

In spite of losing hours, which necessitated **reducing the number of lectures**, the amount of material covered was not changed. **Two lecturers deliver approximately 75% of the material.**

The cardiovascular committee **integrates well** within the committee and with other committees. **How blood circulates through the organs is the thrust of many committees.**

Dr. Harvey highlighted **recent changes**:

- Separate cardiovascular exam (no longer combined with pulmonary)
- Inclusion of a post-exam review
- A computer simulation lab that allows viewing the cardiac cycle and pressure volume loops in both an isolated heart and an intact heart model has been in place for the past two years.
- Introduction of a quiz that students work on throughout the committee. During a final in-class review session, students enter their answers using a

system developed by the BIT office enabling the following: Results are tabulated instantaneously, incorrect answers are identified, and any misconceptions are discussed.

Dr. Harvey will focus on implementing the following **changes for the coming year**: 1) recruiting faculty committed to teaching, particularly small group teaching, and 2) introducing new lectures. Dr. Harvey mentioned his interest in the team-based learning workshop at the February 27 Landerhaven retreat. **Dr. Altose proposed setting up sessions on team-based learning to accommodate all interested faculty in both the College and University programs. Dr. Terry Wolpaw will develop a plan in collaboration with Dr. Alan Hull on team-based learning faculty development and report back to the CME.**

5. **Clinical Curriculum Council Report**

Dr. Linda Lewin, Clinical Curriculum Council Chair, enumerated agenda items for the March 12 CCC meeting:

- Distribution of grades in the clinical clerkships
- Review of the new form developed for the students to evaluate the clerkships via a centrally run computer-based system
- Ongoing review of grading in the OB/GYN clerkship
- Search for a new CCC chair, as Dr. Lewin is relocating.

Suggestion from a Year IV student: Motivate more students to complete evaluations in a timely manner by implementing *mid*-clerkship evaluations—these enable students to benefit from the changes made during the current clerkship and serve as formative evaluation of the clerkship. Dr. Altose recommended communicating the student feedback from evaluations to the *institutional representatives at the affiliated medical centers* as well as to the clerkship directors

6. **Office of Curricular Affairs Update**

Ms. Minoo Golestaneh, Director of Administration, mentioned two major ongoing initiatives: 1) the cycle of evaluation, and 2) the Instructional Support Team (IST).

March 25, 2004

1. **Announcement from the CCLCM Vice Dean for Education**

Dr. Lindsey Henson, Vice Dean for Education for the Cleveland Clinic Lerner College of Medicine, announced that the **Cleveland Foundation** has awarded the College a \$1 million **grant to develop portfolios** over the next two years.

2. **Report from the Student CME**

Both the CME and the Dean's office will follow up on two issues concerning two Year II longitudinal committees raised by **Mr. Jason Garnreiter**, Year II student representative: 1) the desire to meet the longitudinal **Pathology** section chair at the *beginning* of the year and to receive more information about administrative

issues, and 2) the desire to further expand **Pharmacology** as either a longitudinal committee or increased presence in every committee.

3. **Basic Science Curriculum Report on the *Mind* Committee**

Dr. David Agle, veteran chair of the **Year II *Mind*** committee, began his presentation by providing **background**. The focus of the Case Year II Mind committee is a biopsychosocial perspective. Psychiatry and neurology, as represented in the Nervous System/Mind committee, have different focus of interests and clinical approaches. The combined committee, however, has allowed excellent collaboration. Dr. Agle and Dr. Kathleen Clegg, clerkship director at University Hospitals, co-chair the Mind committee. This affords seamless vertical integration of the Year II and Year III psychiatry curriculum. Dr. Agle described the **learning objectives** of the Mind committee, **structure** as viewed through allocation of hours to varying formats, main **content** areas, “valuable” to “extremely valuable” overall rating of **lectures** by the students, and both the logistics and rewards of **small groups** and **clinical interviewing**. **Seventy-one percent of the students** rated the **Mind** committee as “**good**” to “**excellent.**” Dr. Agle addressed both **student concerns** and **faculty problems** as well as maintaining high **faculty morale** and **plans for next year**. The Year II student representative praised the Mind committee for its **integration of pharmacology and the use of therapeutics** and recognized the **value of the clinical interviews**, once students overcame their animosity and anxiety at the onset of the initiative.

4. **Update on ICM/Modifications in the Core Clerkship Program**

Dr. Dan Wolpaw explained the **motivation** for taking a **new look at ICM (Introduction to Clinical Medicine)**: a) to reinvigorate the process, b) to add rigor and accountability, c) to re-design this program so that it can be done jointly with the College. This **new approach to Clinical Science for both the University and College Programs will span the entire undergraduate medical education curriculum**. The “**Foundations of Medicine**” (the name is still under consideration) uses an integrated approach to classroom and laboratory activities and patient and community-based experiences. The course consists of three parts:

- **Science of Clinical Practice Seminars (Tuesday mornings)** include students from both the University and College Programs and will occur on a weekly basis.
- **Clinical Skills Training**: physical diagnosis, interviewing, communication skills and clinical procedures workshops
- **Patient Care Activities**: At the University, this will include the Family Clinic and, in the second year, office preceptorships. At the College, this will include a longitudinal clinic with a primary care preceptor beginning in the first year, as well as other patient care activities.

Clinical Skills Training and Patient Care Activities will be integrated into one afternoon (one standing half-day Monday through Thursday) for each student.

Dr. Linda Lewin continued the presentation by explaining proposed **Modifications in the Core Clerkships**. The projected model is open to modifications and up for discussion. By revising Year III, one hopes to improve the connection between Years I and II with Year III, maximize flexibility to allow time for students in both the University and College programs to do research and electives in non-core disciplines, and improve specifics not currently mastered in the clerkships. **The new Year III Basic Core Clerkships consist of 32 weeks, with two 16-week blocks.** One 16-week block consists of Medicine, Surgery, and Family Medicine, and another 16-week block consists of OB/Gyn, Pediatrics, Psychiatry, and Neurosciences. **Learning Groups**, with a ratio of four-to-six students per continuity faculty preceptor, make it possible to address the clinical skills mastery necessary for progression to the next level. Implementation of each core clerkship will be *site*-specific so that the team at each affiliate can decide how to make optimal use of its own particular resources. The student will be able to choose the site of his/her clerkship. The 32 weeks of Basic Core Clerkships must be completed before taking the **Advanced Core Clerkships**, which consist of 4- or 8-week experiences for a **total of 16 weeks**. *Every* student will take “**selectives**” that focus on in-depth learning (clinical and basic science) in disciplines of the student’s choosing. Every student will not have the same experience. **Electives** include at least **one required “Acting Internship” for 4 weeks**. There will be a total of **16 to 18 weeks available for research or electives in Year III**.

The new Year III curriculum will start in 2006. The new Foundations of Medicine curriculum will be implemented with the incoming first year class this summer (2004). The Class of 2007, however, will use the current curriculum that has been in effect for Year II ICM. The plan for the Year III curriculum would also include a continuation of the Foundations of Medicine Program, although the exact format still needs to be determined.

Dr. David Katz recommended that the CME recognize the achievements of Ms. Kathy Cole-Kelly over the years who nurtured the original Clinical Science program and participated in its transformation into the current ICM program. Dr. Katz recalled as head of the Curriculum Leadership Council working with Ms. Cole-Kelly, who enthusiastically endorsed the concept of increased basic science integration in the first two years of the curriculum and incorporated it into the ICM curriculum.

April 8, 2004

1. **Doc Opera**, the student musical/comedy revue, raises over \$2,000 to donate to the Free Clinic.
2. **Comments from the Vice Dean for Education and Academic Affairs**
Per Dean Horwitz’s request, **Dr. Robert Daroff**, Vice Dean for Education and Academic Affairs for the *University* Program, has formed a **Policy Steering Committee** consisting of the following **four working groups**:

- **Medical Student Research and Thesis** – chaired by Dr. Claire Doerschuk
- **Leadership and Civic Professionalism** – chaired by Dr. David Aron
- **Clinical Mastery** – chaired by Dr. Daniel Ornt
- **Basic and Clinical Science (Curriculum)** – chaired by Dr. Murray Altose

3. **Medical Student Research Program**

Dr. Claire Doerschuk, Associate Dean of Medical Student Research, described the **mission** of the School as including a commitment to research, which the **medical student thesis requirement** begins to fulfill by providing every student the opportunity to become involved in research and be educated in scientific methodologies. The **purpose** of the thesis requirement is to have the student explore in depth one area of his/her own interest—in a wide range of either basic, translational, clinical, or population-based research or other scholarly work—and experience firsthand reading/evaluating the literature and writing the paper.

To **facilitate the students' awareness of research opportunities on campus**, three **resources** are in development: a) an online **database of faculty research and scholarship interests**, b) a **seminar series** focusing on large on-campus research programs, and c) access to a **calendar** of research seminars.

The thesis requirement starts with the Class of 2009. During Year I, the student will select a **faculty adviser** and will write a one-to-two page **thesis proposal** describing a focused question for research or scholarship and an approach for answering it. Each thesis proposal must come before the **Thesis Committee** for determination of feasibility of the project. Students may submit their proposal as early as the spring of Year I or later in their undergraduate career, provided that it is approved before the end of Year III. The thesis will be in the **format** of a prominent **journal manuscript** in the discipline that the student has selected. The anticipated **minimum time commitment** for the thesis is estimated at **16 weeks**. Once completed, the thesis is submitted to the Thesis Committee, who will evaluate it. Most likely, there will be three to four thesis committees, whose membership will have varying expertise. The thesis must be presented to the Thesis Committee by March of Year IV.

4. **Report from the CCLCM Vice Dean for Education**

Dr. Lindsey Henson, Vice Dean for Education for the *Cleveland Clinic Lerner College of Medicine*, completed her presentation on the **summative assessment process of competency mastery**, developed by the CCLCM Student Assessment Task Force. The **Medical Student Promotions and Review Committee (MSPRC)** for the *College* Program has a role similar to that of the **Committee on Students** for the *University* Program in determining whether or not students have met standards necessary for promotion. After reviewing each College student's Summary Portfolio indicating levels of achievement in the nine competencies, the MSPRC determines whether the student will be promoted, promoted pending remediation, required to repeat all or part of the year, or dismissed from the

medical school. Dr. Henson covered membership in the MSPRC, procedure for review of the Summary Portfolio, and the appeals process.

5. **Update on the Community Primary Care Preceptorship**
Dr. Linda Lewin, Director of the Community Primary Care Preceptorship (CPCP), and **Ms. Betzi Bateman**, Web Developer/Instructional Designer, presented an update on the recently completed CPCP multi-media online curriculum, demonstrating features of *all four modules*. Begun as a required component of the Primary Care track, the CPCP Web-based learning tool has been expanded this year to reach interested non-Primary Care Track students as an elective offering. This project was designed to complement and enhance learning in the ambulatory primary care clinical setting in Years II and III. The program is included in the Case eCurriculum at <http://mediswww.case.edu/cpcp> with **login** in the student area as “**guest.**” The CPCP Internet-based curriculum features a “blended,” or “hybrid,” learning environment, where electronic learning is combined with the actual preceptor site experiences. There are *virtual* offices, patient homes, etc. Scenario-based learning is used to illustrate specific examples. Interactive learning principles include online quizzes, which provide immediate feedback; streaming video and streaming audio; and sharing of student answers/ideas via a discussion board. Faculty provide written feedback to all SOAP note submissions but not necessarily to all posts on the discussion board. It takes about 7 hours for the student to complete each module, which is spread out over 4 months.

6. **Report from the Flexible Program Council**
Dr. Kent Smith, Flexible Program Coordinator, mentioned six new Type B electives.

7. **Virtual Microscopy Demonstration**
Dr. Joseph Miller presented the **virtual microscopy-based teaching system** that he is coordinating to integrate laboratory-based content into all aspects of the curriculum. Currently, observation of glass slides beginning in fall of the first year is used to learn the structure, variability, and basic physiological function of normal tissues and organs (histology). The BBDI committee extends this to the evaluation of pathological tissues and organs. Dr. Miller views this system as not simply an electronic replacement of an optical microscope but as an **integrating mechanism** applicable throughout the extended curriculum. The Web Enabled Virtual Microscopy program is included in the Case eCurriculum at <http://vmicroscope.cwru.edu>. This system can be used in any aspect of the curriculum by any faculty member or student associated with the School of Medicine. Its features can be incorporated selectively into any learning format. It can also be linked into any of the other electronic curriculum-based learning tools. Currently, the exam system is being amended and performance-tested for incorporation of virtual microscopy slides into exam questions and also into formative exams or quizzes. Dr. Miller anticipates that both the normal and histopathology CWRU-SOM teaching slide collections should be online by fall

2004. He thanked Dr. Lindsey Henson for funding the development of this learning system.

April 22, 2004

1. **Dr. Michael Nieder** has been recommended for the position of **Clinical Curriculum Council Chair**. A letter to all basic science faculty went out inviting candidates to apply for the position of **Basic Science Curriculum Council Chair**.
2. **Report from the CCLCM Vice Dean for Education**
Dr. Lindsey Henson, Vice Dean for Education for the *Cleveland Clinic Lerner College of Medicine*, reported that by the end of May, the first entering class should be finalized. On **Friday, June 4**, there will be an **all-day retreat** for faculty teaching in the CCLCM and any University Program faculty interested in attending.
3. **Update on the Policy Steering Committee**
The four working groups [Medical Student Research and Thesis, Leadership and Civic Professionalism, Clinical Mastery, and Basic and Clinical Science (Curriculum)] are expected to branch out to involve many faculty. Dean Horwitz is currently preparing a mission statement.
4. **Update from the Office of Curricular Affairs**
Dr. Terry Wolpaw, Associate Dean for Curricular Affairs, announced that she will present the **Instructional Support Team (IST) proposal for expansion** to Dr. Daroff tomorrow. The rationale behind IST expansion is to provide substantial support for *all* the teaching committees.
5. **Human Gross Anatomy**
Dr. Scott Simpson, chair for the **longitudinal Year I and Year II Human Gross Anatomy committee**, summarized the **significant improvements made and those still needed for Anatomy since 1994 to the present**. Dr. Simpson has been the chair of the Anatomy committee since 1995. Dr. Simpson views Anatomy's situation as still challenging but feels we can reach most of the students.

In approximately 2000, Anatomy became a **stand-alone committee**, a positive change leading to increased visibility and student accountability for mastery of the material. Case distributes its 120 Anatomy hours as follows: \cong 45 to lecture and the remaining \cong 75 to lab. Anatomy at Case is a longitudinal committee with a **single cumulative score for Year I** based on performance in the 4 regional subsections offered in conjunction with different subject committees and a **second score** for the Head and Neck anatomy offering in **Year II**. The minimum **passing score** for anatomy is **65.0%--no rounding**. The equally weighted Year I anatomy questions are allocated as follows: two-thirds done as a practical, proportionate to the amount of time students spend in the lab, and the remaining

one-third in multiple-choice-question format. Year II anatomy exams again consist of multiple-choice questions and a timed practical exam. Dr. Simpson discussed exams, graphed class performance on different regional exams—distinguishing both multiple-choice-question and practical performance—and the Year I Comprehensive examination. **Case students score at or above the national mean on the USMLE Step 1.** Dr. Simpson feels that **the current weighting of Anatomy is appropriate for our curriculum.**

Dr. Simpson listed **positive changes**:

- The **culture** has changed so that there is a better approach to anatomy, resulting in enthusiastic faculty, good student attendance at lectures and labs, and positive student course evaluations.
- Gross Anatomy is a **freestanding committee**.
- The challenging Year II Head and Neck Anatomy subset is manageable.
- Class notes (online syllabus) are improving.
- A **freestanding Web site** with value-added information has been established.
- **Resources** are continually improving: a large **2,000-plus image bank** used in lectures and exams, **models and software** programs, an **anatomy assistant** position that Dr. Simpson would like to make permanent.

Dr. Simpson listed **specific short-term improvements planned**:

- Improvement of the **Pelvis/Perineum** section, noted for challenging content and occurring during the last organ system of Year I
- Revision and improvement of **class notes**
- Development of **alternate testing modalities**

Dr. Simpson listed **structural/long-term improvements** needed:

- Development of **new faculty**: As members of the anatomy leadership retire, there are not people ready to replace them.
- **Restructuring of Anatomy**: Develop a **Year I** Introduction to Anatomy that would be less time-intensive and would use **prosection**-based models instead of **dissection**-based models. Have students revisit anatomy in **Year IV** with a clinical anatomy offering.
- **We cannot achieve any of these improvements in our current existing space.** We are in dire need of **new facilities**.

Dr. Simpson focused on significant **negatives** that have major impact:

- The **dissecting labs** are an “embarrassment:” size, lighting, lack of both storage and changing rooms.
- **Teaching participation and excellence are not rewarded by salary incentives or advancement.**
- The **small pool of knowledgeable core faculty** currently contains only one **tenured** faculty member (Dr. Simpson). Case needs to allow faculty to **advance** with a significant **teaching** contribution.
- **Unreliable clinician participation** in lectures and labs.

- **Frustrations with revising curriculum**—lack of time to negotiate with committee co-chairs to revise the schedule to include value-added activities
- **No integration/communication with the CCLCM Program**

Dr. Simpson concluded by making two **suggestions**:

- Provide **additional rewards for teaching, leadership, participation, and excellence**, as reflected in promotion, tenure, and salary.
- **Define the direction and mission of the Department of Anatomy** so that there is stability within the department. The department has had two long-term Acting Chairs. The uncertainty needs to end.

6. **Report from the Flexible Program Council**

Dr. C. Kent Smith, Flexible Program Coordinator, mentioned the popularity of the two-week elective. In an ongoing effort to improve the electives program, Type A electives where the faculty sponsor is not able to be present for multiple sessions are being discontinued.

7. **Update from the Office of Biomedical Information Technologies**

Dr. Thomas Nosek, Associate Dean for Biomedical Information Technologies, mentioned recent purchases: electronic anatomical figures for Anatomy, virtual microscope for histology CD-ROM to be used on every student's computer, and a software program for Nutrition. Student computers are ordered to arrive next week. Dr. Nosek's office is currently setting up a structure whereby faculty can make their eCurriculum changes directly, eliminating the need for a "middle man." While this system makes "last minute" changes possible, modifications would then have to be made in issuing the print syllabus.

8. **Report from the CCLCM Curriculum Steering Council**

Dr. Lindsey Henson, Vice Dean for Education for the *Cleveland Clinic Lerner College of Medicine*, focused on **course evaluation** for the *College* program. She recognized the efforts of **Ms. Beth Bierer**, **Dr. Elaine Dannefer**, and **Dr. Alan Hull** in developing the process for *reflective* evaluation of courses. **Program evaluation principles** articulate goals and a system to determine how well the College program is reaching those goals—how to collect good, reliable evidence from the faculty and students and use it for continuous quality improvement. The **process** for *collecting* course evaluation information, *reporting* course evaluation data to relevant parties, and *using* course evaluation approaches to improve curricular delivery and practice was described. The **progression** of the reflective course evaluation process is as follows: **Information Sources** to **Analysis/Interpretation** to **Evaluation/Judgments** to **Practice**.

May 13, 2004

1. **Comments from the Chair**

Dr. Murray Altose obtained approval from the Faculty Council for 1) the nomination of **Dr. Michael Nieder** to replace Dr. Linda Lewin as **Clinical Curriculum Council Chair**, and 2) the **medical student research and thesis**

program to become effective **beginning with the Class of 2009 entering in Fall 2005**. Approximately 35 faculty have been recommended for their **Best Contribution** submission. Dr. Dan Wolpaw is currently working with the Dean's Office to recognize them.

2. **Report from the Vice Dean for Education and Academic Affairs for the University Program**
Dr. Robert Daroff mentioned that candidates for **Basic Science Curriculum Council Chair** will be interviewed next week.
3. **Report from the Vice Dean for Education for the College Program**
Dr. Lindsey Henson reminded that the **first annual retreat for the College** will be held on **Friday, June 4**, from 8:00 a.m. until 4:30 p.m. at the Intercontinental Hotel. **Orientation for College Program students takes place Tuesday, July 6 through Friday, July 9**. A draft of the **LCME database for the September 2004 site visit** is being reviewed by a consultant before submission.
4. **Report from the CCLCM Curriculum Steering Council**
Dr. Lindsey Henson mentioned the **Tuesday, May 25 CCLCM Curriculum Steering Council meeting**, where the entire Year I curriculum will be reviewed.
5. **Report from the Student CME**
Congratulations to graduating Year IV CME representatives: **Mr. Kimathi Blackwood and Mr. Jim Lan**. The newly elected CSR (Committee on Student Representatives) officers plan to do something for the incoming College Program students during orientation and want to know whom to contact. **Dr. Jeffrey Hutzler**, Associate Dean for Admissions and Student Affairs at the College, is the contact person. CSR would also like to add representatives from the incoming College class.
6. **Overview of the Pulmonary Committee**
Dr. Anthony DiMarco, chair of the **Year I Pulmonary committee**, summarized the positive and negative aspects of the committee as viewed from a ten-year perspective of personal involvement. The two-week Pulmonary committee is a component of Homeostasis I. Logistics constrain the December/January Pulmonary committee to be divided by a two-week holiday break. **Core content** is delivered via physiology lectures and small groups as well as histology lectures and labs. **Supplemental content** includes clinical correlation lectures, a hands-on experience in a hospital pulmonary function lab, and an end-of-course review session. **Positive aspects** of the committee include: strong clinical correlation with useful practical knowledge, high quality faculty, high level of organization, cooperation with several teaching hospitals to provide the pulmonary physiology workshop, a strong syllabus, and strong interactive small group sessions. Most of the **negative aspects** of the committee derive from the holiday break splitting the two week committee and include: poor student attendance before and after the break, needed repetition of material, lack of broader exposure to the field of

respiratory physiology, and lack of discussion of areas of pulmonary research which would be useful to students for their upcoming research projects. Dr. DiMarco's **recommendation to eliminate the holiday break** would allow for better use of time by allowing for compression of physiology aspects, elimination of redundancy, broader exposure to pulmonary physiology (by including molecular/cellular biology), discussion of controversial aspects and active areas of research, encouragement of outside reading, and fostering potential research.

7. **Report from the Clinical Curriculum Council**

Dr. Linda Lewin, Clinical Curriculum Council Chair, recapped how student concern over discrepancy in grading across **clerkship sites** of the same clerkship triggered the Council's investigation into **grading distribution** in general. In reality, the present distribution is as follows: 30-40% honors, 30-40% commendable, and the remainder satisfactory.

After analyzing data on dealing with grade inflation received from 8 of the other Consortium schools, the **Clinical Curriculum Council** made the following **recommendations**: 1) Have **targets** across disciplines and across institutions, **but do not enforce rigid adherence** to them. Aim for the following **guidelines**: **30% honors, 40% commendable, and 30% satisfactory**. However, **clerkship grades are not to be determined by grading on a curve but rather by meeting prospective grading criteria**. 2) The **Dean's Letter should include an indication of the distribution of clerkship grades in each discipline** so that the residency program director will understand how honors, commendable, and satisfactory translate for each clerkship. A histogram would depict the **distribution of grades in one discipline at all sites over the whole academic year**. If a histogram is felt to be too cumbersome, information on the distribution of grades in each discipline could be incorporated in the text of the Dean's Letter.

The **issue of including a histogram in the Dean's Letter** stimulated much discussion with opposing viewpoints. Discussants admitted to being conflicted. Arguments for **opposition** to inclusion of the histogram in the Dean's Letter:

- **Main argument: Many of the 13 Consortium Schools do not include a histogram. We may be hurting our students.** If we indicate that a Case student received honors where many honors were awarded, that may hurt him/her when being compared with students from other institutions not furnishing histograms or raw data.
- Satisfaction with the **current** Dean's Letter that indicates the caliber of each student via "code words," such as "outstanding," "excellent," "good..."
- Impracticality of deciphering the multi-page histogram or monogram, which supplies much more information than is desired

Arguments **in favor** of including the histogram in the Dean's Letter:

- Interpretable data are necessary to provide a breakdown of the grading distribution for each discipline. The histogram is the standard favored by the AAMC in comparing students.

- Desire to strengthen the Dean's Letter as a letter of "evaluation" (it is no longer a letter of "recommendation") by adding rigor to the current "code words" used as grading descriptors
- Students at schools using histograms do not fare worse in getting residencies. Do we *only* compare ourselves with the other Consortium schools?
- If full disclosure would indeed prove to be a deterrent to our students' attainment of top residencies, wouldn't this serve as an incentive for us to do a better job?

Dr. Linda Lewin moved...

that the CME endorse 1) the following clerkship grading distribution guidelines: 30% for honors, 40% for commendable, and 30% for satisfactory, and 2) the inclusion of ("a histogram," which was amended before the vote to) "distribution data" in the Dean's Letter to explain the variation in clerkship grades.

Dr. Kent Smith moved to table the motion. He favored postponing taking action until Dr. Aach, the Associate Dean for Residency and Career Planning, could address the CME to present relevant data from the last five years on the Dean's Letters, as that would pertain to the discussion. Dr. Smith was not in favor of using a histogram for several reasons, including a concern that it would contribute to an over-emphasis on the importance of grades in the clerkships.

The motion to table failed: 4 in favor of tabling the motion made by Dr. Lewin; 5 against tabling the motion made by Dr. Lewin.

Dr. Katz seconded the original motion made by Dr. Lewin and amended it by suggesting the replacement of "histogram" with "distribution data." The motion passed: 9 in favor, 1 opposed.

It was clarified that the motion pertains only to University Program students, as the College Program students do not receive grades. Dr. Lewin opposed "grandfathering out" current Year II students, who may have a different perception of clerkship grade distribution.

Dr. Lewin thanked everyone, as she mentioned that this is her last CME meeting. Dr. Altose spoke for many by simply telling Dr. Lewin that she will be missed.

8. **Report from the Flexible Program Council**

Dr. Kent Smith, Flexible Program Coordinator, mentioned that the Flexible Program is working with the Office of Curricular Affairs and the Registrar to develop an improved online evaluation of both Type A and Type B electives.

9. **Update from the Office of Biomedical Information Technologies**

Dr. Thomas Nosek, Associate Dean for the Office of Biomedical Information Technologies, announced that his office is currently experimenting with **different**

formats for the eCurriculum that would enable faculty members to modify their documents directly without the need of a “middleman.” The document appears as a Word file that the faculty member can edit and send back, where it automatically goes into a server in the right location. BIT is asking first and second year students to try out this new format. **The Word document can be useful to the students in that the individual can format it to his/her own tastes—with features such as highlighting, taking notes within the document, etc.—and save it.** Not only an enhancement of the eCurriculum, this format frees up BIT time to work with the faculty on content and improving figures.

Dr. Nosek mentioned **other BIT projects**. Students are now able to upload their individualized information—such as their clinical research, their activities—to BIT for inclusion in their **ePortfolios**. Additional projects include **research proposals and reports**, the **Year III Clinical Transaction Pathway** pilot that starts this fall, and **the new clerkship evaluation of students online system**.

Unanticipated slowdowns in creating a system for the **clinical evaluations** have occurred due to the necessity of meeting with all the clerkship directors individually and creating a system tailored to the unique features of their particular rotation. When the system was piloted in Dr. David Preston’s Neurosciences clerkship, there was just one person involved. No one anticipated the variability between sites and resulting time-intensive “people coordination” involved in expanding the project.

May 27, 2004

1. **Comments from the Chair**
Dr. Murray Altose welcomed **Dr. Michael Nieder** as the new Clinical Curriculum Council Chair.
2. **Faculty Development Update**
Dr. Terry Wolpaw, Associate Dean for Curricular Affairs, announced that the **Scholars Collaboration in Teaching and Learning (SCTL)** has secured support from the Clowes Endowment for Innovations in Medical Education and will begin its third year by pairing 10 faculty, 10 Year II students, and 10 Year IV students in working triads. Faculty are invited to submit project proposals with a focus this year on meeting the Dean’s vision. Dr. Altose recommended pursuing a means of support for the eight ongoing projects created by last year’s SCTL members.
3. **Update from the Office of Curricular Affairs (OCA)**
Dr. Terry Wolpaw, Associate Dean for Curricular Affairs, would like to publicize the many services/projects this new office offers. The OCA provides oversight and support for 1) curriculum development and implementation, 2) curriculum evaluation and outcomes assessment, 3) faculty development programs, and 4) resources management (i.e., support for teaching and grant opportunities) related to these activities. Dr. Mano Singham of UCITE

(University Center for Innovation in Teaching and Education) will be offering in conjunction with the medical school during the 2004-05 academic year twelve faculty development sessions—6 sessions, each offered twice. Faculty will be contacted for preferences on topics of interest.

4. **Overview of the Years I and II Endocrinology Committees**

Dr. Thomas Murphy began his teaching involvement with endocrinology at Case in 1986. As the current **co-chair of the Endocrinology Section of the Endocrinology/Reproduction Biology committees for both Years I and II**, Dr. Murphy expressed satisfaction that both endocrinology components have been consistently well received by the students. Dr. Murphy explained that Year II receives “higher marks” than Year I from the students, perhaps because the Year I combined Endocrinology/Reproductive Biology covers so much material during its short thirteen-day duration: all basic endocrine physiology, all basic reproductive biology physiology, endocrinology/reproductive biology histology, and endocrinology/reproductive biology anatomy. There has been a concerted effort to pare down to the core material yet cover “normal” physiology effectively so that the Year II committee can provide an extensive review/reinforcement of basic physiology along with the pathophysiology.

Dr. Murphy provided a synopsis of **quantitative data pertaining to program evaluation by the students**. He gave examples citing how the committees in both years are **designed to accommodate the varied mix of learning styles** found in our student body. As **notable accomplishments**, Dr. Murphy listed the **pairing of basic science and clinical preceptors**, the **review sheets**, and **Year II syllabus**. Challenges include **recruiting small group leaders** and, to a lesser extent, **lecturers** and continuing to streamline the **Year I Endocrinology/Reproductive Biology committee** while preserving its efficient content. **Ongoing improvement** is found in the **tinkering with small groups**, **inserting more figures into the syllabus** as requested by students, and trying to **provide better feedback to the lecturers and small group leaders**.

CME student representation verified that both years of endocrinology are well received by the students. Group leaders and lecturers are perceived to be interested in teaching. The committee chair is respected for making the huge time commitment to attend all the lectures. Students enjoy the pairing of basic scientists and clinicians as small group preceptors.

5. **Report from the Clinical Curriculum Council**

Dr. Michael Nieder, new Clinical Curriculum Council Chair, is focusing on **two projects for the summer**: 1) helping the **Foundations of Clinical Medicine** leaders to define **expectations for student mastery prior to entering the clerkships**, and 2) acquiring a better understanding of the **clinical years** to enhance curriculum development via **innovative pilots**. Dr. Nieder’s plans also include addressing **adult learning** and determining **what is needed in clinical practice**.

6. **Report from the Flexible Program Council**
Dr. Kent Smith, Flexible Program Coordinator, focused on fourth year students taking Type B electives (four-week long rotations—some of these are available for a two-week option). Most students take an AI (Acting Internship). Heavily subscribed are the Medicine and Pediatrics AI's. Subspecialty rotations and AI's in Orthopaedics and Ophthalmology are also popular. Ms. Carol Chalkley is currently working on developing an online evaluation of the Flexible Program electives. Some third year core clerkship components may be carried over to the fourth year. The remainder of Year IV is quite flexible, although an Area of Concentration (AoC) can narrow the field somewhat. The issue was raised whether we plan to keep Year IV basically open or whether we plan to impose specific requirements. It was suggested that since the Class of 2005 is the first class required to take the USMLE Step 2 CS, we might want to promote some ambulatory setting electives as preparation.

7. **Update from the Office of Biomedical Information Technologies**
Dr. Thomas Nosek, Associate Dean for Biomedical Information Technologies, provided an update on current projects:
 - Student approval for **different Word formats for the eCurriculum that allow editing by faculty** for quick corrections/updates of the syllabus **and by students** for individualized saving in the desired study format
 - The **ePortfolio** as the “vehicle” of choice for Dr. Claire Doerschuk (Associate Dean for Student Research), Dr. Lynda Montgomery (Director of the Clinical Transaction Development Pathway pilot), and the society deans
 - **Integrated health sciences curriculum** at Case for the Medical, Dental, Nursing, and Graduate Schools—Currently, we have access to the eCurriculum for the School of Dentistry, and the School of Dentistry has access to the eCurriculum for the School of Medicine.

An **unanticipated violation of the Computer Ethics Policy by five of the students** has resulted for the present in the closing of the file transfer area—an area designed to enable the students to share material to help each other. Discussants felt that maintaining the Computer Ethics Policy was an issue that the Dean's office needs to address.

June 10, 2004

1. **Comments from the Chair**
Dr. Murray Altose reported that Dean Horwitz's **initiative for curriculum revision** is moving forward via the **Policy Steering Committee with its four working groups**. Of top **priority is incorporation of the medical student research program**. The **revision** is looked upon as **an opportunity for real curricular innovations**. The role of the CME in the curriculum revision is to **“review, evaluate, and provide feedback”** until we are content with the end product. While the Dean mandates the curriculum revision, it is the faculty that presents the curriculum, and the CME is made up of representatives of the faculty.

This is the established process: A major proposal is presented to the CME. The CME evaluates each proposal, decides whether it is appropriate for endorsement, and then presents the recommended proposal to the Faculty Council.

2. **Report from the CCLCM Curriculum Steering Council**
Dr. Lindsey Henson, Vice Dean for the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University, provided an update on its **first annual retreat held June 4**. Focus of the retreat was on interactive **review of the Year I College curriculum**, accomplished via small group workshops and posters representative of each course. **Bruce Koeppin, M.D., Ph.D.**, provided an overview of the LCME for the College's impending site visit in September.

3. **Overview of the Years I and II Reproductive Biology Committees**
In 2000, **Dr. J. Ricardo Loret de Mola** became committee **co-chair of the Reproductive Biology Section of the Endocrinology/Reproductive Biology committees for both Years I and II**. Year I is a "combined" committee of endocrinology and reproductive biology, whereas, in Year II, Reproductive Biology stands alone. **Initially, his task was to revamp the committee**—separating out normal physiology for Year I and the pathophysiology for Year II, then blending in basic and clinical sciences, and recruiting new lecturers. Because of **his contact with students in all years**, Dr. Loret de Mola could see how Years I and II impact on Year III and what specific knowledge needed for the clinical rotations was lacking. He has tried to improve the lectures and provide the students with a much better basic understanding of the normal menstrual cycle and ovulation. Dr. Loret de Mola's ultimate **vision** is achievement of a **women's health continuum** starting from the Year I medical student, crossing all undergraduate medical education years, reaching to the resident and beyond to continuing medical education credits for the practicing physician.

Dr. Loret de Mola provided a synopsis of **quantitative data pertaining to program evaluation by the students**. He designated the committee's **strengths/accomplishments**, which include integration of a variety of learning formats, a **large** group discussion experiment, introduction of small groups, and field testing of new examination questions. Dr. Loret de Mola specified **areas requiring attention** and progress made. Dr. Loret de Mola concluded by describing his **future plans**, which include development of an online integrated women's health curriculum from Year I through IV and beyond, development of a Year IV elective curriculum with lectures and exams delivered via the Internet, videostreaming of six simultaneous small groups each dealing with a different clinical scenario, and revamping of all questions for the electronic examination.

4. **Update from the Clinical Curriculum Council**
Dr. Michael Nieder, Clinical Curriculum Council Chair, announced that the **Foundations of Clinical Medicine retreat** to unify components of the new program will take place **Wednesday, July 21**. To meet the challenge presented

by the **Ob/Gyn clerkship** this year, Dr. Nieder will meet with the three Ob/Gyn clerkship directors and society deans (the surrogate representatives of the students). Perceptions that the evaluation methods were not equivalent at all clerkship sites necessitated the changing of some grades this year. Forty-seven students completed a survey of the Ob/Gyn clerkship with some recurring criticisms. The first step is determining whether the raw data are valid, as this was not a random sample of the class. While the School of Medicine does not mandate what the clerkships teach, it can mandate that content is taught to the same goals and objectives and can mandate how mastery is tested. The LCME requires “**comparable objectives**” and “**equivalent evaluation,**” while allowing that the teaching may be different. Dr. Nieder plans to address the reality that the Ob/Gyn experience is different at each of the three sites by: 1) meeting with the stakeholders (clerkship directors and society deans), 2) determining whether the survey data are valid, 3) learning why the convener system is not functioning as well in Ob/Gyn as in the other clerkships.

5. **Update from the Office of Biomedical Information Technologies**
Dr. Thomas Nosek, Associate Dean for Biomedical Information Technologies, announced that the incoming *College* Program students will be here for computer orientation July 6. Anyone seeking access to the **Cleveland Clinic Lerner College of Medicine eCurriculum**, please contact **Dr. Neil Mehta** (mehtan@ccf.org) for a password. The BIT office is currently involved in a **major restructuring of the School of Medicine Web site**. In order to create a **computer-generated examination**, we would need **key words assigned to each question** and a **1,000-question database**. The technology/structure already exist to create a **totally online course**, and BIT staff are eager to work with any faculty interested in this type of endeavor.

June 24, 2004

1. **Overview of the Year II Musculoskeletal/Integument Committee**
Prior to 2001, the Musculoskeletal committee was a Year II committee and covered both normal and pathophysiology. In 2001, two committees were formed. Year I Musculoskeletal, situated within the Homeostasis I section, covers normal physiology, anatomy, histology, and biochemistry, etc. **Year II Musculoskeletal**, chaired by orthopaedic surgeon **Dr. Brian Victoroff**, is combined with the integument committee and covers all pathology. Dr. Victoroff presented an overview of the Year II **combined Musculoskeletal/Integument committee**, designed to cover the overlapping fields of **orthopaedics, rheumatology, and dermatology**.

Dr. Victoroff described the **diversified format** of the 40-hour Musculoskeletal/20-hour Integument committee, consisting of lectures, small groups, poster sessions, a field trip, and lab. Dr. Victoroff highlighted the committee’s **strengths** (including both students’ enthusiasm for the course and a unique interactive exam), **problems** (suggesting revisiting the remediation process), and “**wish list**” (incorporating Physical Medicine Rehabilitation,

reintroducing a Multidisciplinary Trauma Symposium, re-establishing the career option panel discussion).

2. **Comments from the Chair**

Dr. Murray Altose presented the recommendation of **Dr. Amy Wilson-Delfosse** for the position of **Basic Science Curriculum Council Chair**. The CME approved the appointment of Dr. Wilson-Delfosse as Basic Science Curriculum Council Chair.

3. **Report from the Flexible Program Council**

Dr. Kent Smith, Flexible Program Coordinator, mentioned **pending projects** seeking resolution in a timely manner: 1) creation (in collaboration with the Office of Curricular Affairs) of a standard online elective evaluation form to be completed by the students, 2) examination of the Areas of Concentration by the CME, and 3) accurate Flexible Program description needed in time for publication of the 2004-2005 Curriculum Handbook.

Dr. Smith presented **highlights** of the **history** of the electives program formed in the early 1970's using **Dr. Thomas Daniel, Emeritus Professor of Medicine** (Director of the Flexible Program from 1984 to 1993) and CME minutes as sources. The original 13 Type A elective requirement still stands. One notable change was made last year, however, by **allowing Year I students to take one Type A elective during Period 1** with permission from the Committee on Medical Education.

Dr. Smith mentioned some *strengths* of the Flexible Program: 1) the **wide variety** of elective offerings, and 2) **faculty enjoyment** of the early individualized **student contact** in these introductory experiences. *Areas requiring attention* include: 1) **lack of integration with the core curriculum**, 2) **inadequate evaluation of the electives program** (this issue is currently being addressed as mentioned earlier), and 3) somewhat **inconsistent attitude of students** toward the elective commitment.

Dr. Smith cited the article "**My Favorite Year—Opinions of CWRU Alumni and their Final Year of Medical School,**" published on the Primary Care Track Web site in 2000. The article presents the results of a survey about the fourth year—which is representative of individual electives chosen by the student—sent to several classes beginning with 1985 graduates—and including a few recent graduates—to get resident perspective and beyond. "...the vast majority felt that the 4th year was the best year at the Medical School ...and they strongly recommended not changing the basic concept of student chosen electives."

Discussion produced the consensus that **all proposals for Flexible Program electives should have a process where they can be reviewed, be assessed, and demonstrate rigor**. It was recommended that *each* elective entry be required to have 1) **learning objectives**, 2) **an implementation, or action, plan** (which for

successive years cites specifics to improve the elective), 3) **student assessment** for mastery, and 4) **a program evaluation completed by the students.**

4. **Concluding Remarks from the Chair**

Dr. Altose thanked elected outgoing CME members for their terms of service: **Dr. Mireille Boutry, Dr. Hue-Lee Kaung, and Dr. Terry Wolpaw.** Dr. Altose also recognized **Dr. Jason Chao**, unable to be present at the meeting, who has been re-elected for another term.

Prepared by Lois Kaye
Secretary to the CME