

**Overview of 2004-2005 Committee on Medical Education Meetings**  
Arranged Chronologically by Meeting Date and Issues Discussed  
(Detailed Digest Available upon Request)

**September 9, 2004**

1. **Curriculum Renewal Project Update by the Dean**

**Dean Ralph Horwitz** welcomed the faculty's support for the general **conceptual approach of integrating medicine and health** with an emphasis on **population-based medicine along with treatment of the individual, scholarship and research, clinical mastery, leadership, and civic professionalism honoring the social contract to community**. Dean Horwitz presented the following concepts as the "starting point" for discussion of the new curriculum:

- **Integration of medicine and health**
- Incorporation of **adult learning** principles to present the material
- Creation of an environment where **students take responsibility for their own education**—similar to a "graduate school" approach
- **Continuous intermingling of basic science and clinical science**

Dean Horwitz emphasized the importance of an **early focus on population health and the social, economic, and environmental determinants of disease**. That concept, as a starting point, would then be **followed by an introduction to biological systems and then the cellular molecular mechanisms of disease**. **Relevant and in-depth clinical experiences would be interspersed**. **Target date for presentation of the new curriculum** to the entering class: **fall 2006**. Dean Horwitz addressed questions from the CME.

2. **Foundations of Clinical Medicine Update**

**Dr. Dan Wolpaw**, Co-Director of the Foundations for Clinical Medicine, sought endorsement of a **proposal for student assessment** in the Foundations program. "Foundations" consists of 1) The Science of Clinical Practice (SCP), a new curriculum for both College and University students on Tuesday mornings from 8:00 to 9:30, 2) Clinical skills training, and 3) Patient-based programs. Overall assessment would be based on a **point system** that would encourage a student to excel. The Foundations grading system was intentionally designed to mimic the clerkship grading system. Foundations grades would be **Honors, Commendable, Pass, Fail, and Incomplete**. There would be no set limit as to the number of Honors or Commendable that could be awarded. **Students would be required to achieve a passing assessment in every component in order to pass the course as a whole**. Dr. Wolpaw would like to present this **assessment proposal** to the students at the end of this month, as it could **go into effect for the Year I class and pertain to all Foundations components occurring on or after the date of the proposal's adoption**. The CME endorsed the Foundations of Clinical Medicine student assessment proposal.

**September 23, 2004**

1. **Report from the Basic Science Curriculum Council**

**Dr. Amy Wilson-Delfosse**, Basic Science Curriculum Council Chair, presented highlights of the council's first meeting September 14: Dean Ralph Horwitz's address on curriculum reform, Dr. Tim O'Brien's use of the immediate audience response system via an after-lecture mini-quiz/discussion in the Year II Hematology/Oncology committee, Dr. Nick Ziat's introduction to the Year I integrated Histopathology committee, Dr. William Bligh-Glover's overview of the tutoring program, and Dr. Terry Wolpaw's announcement of the new series of faculty development opportunities.

Another major issue addressed: **student attendance. Recognizing attendance as 1) an important component of professionalism, and 2) fostering a positive learning experience, basic science council members recommended requiring attendance at small groups, patient-attended clinical correlation conferences, and team-based learning experiences.** Discussion examined various aspects of the attendance problem and its repercussions, how attendance can be improved by changing the intellectual culture/assessment, yet ended with reluctance of the CME to endorse mandatory attendance. Discussion focused on **two themes: 1) incorporating a "valued-added" component that only classroom attendance makes possible, and 2) re-designing assessment to measure what the student has gained from that value-added experience.** Council's rationale behind mandating required attendance: **Desire for conformity among subject committees—inconsistency has been a problem in the past. Although the CME believes in the importance of attendance, it does not consider that legislating mandatory attendance even in small groups, clinical correlation conferences, or team-learning activities in the subject committees would be helpful or productive.** Dr. Wilson-Delfosse was urged to **take back to the subject committee chairs the charge to enhance small groups—make them more attractive and productive—and come up with new ways to assess the students in their small groups.** Dr. Wilson-Delfosse stressed that **without the CME endorsement of required attendance, it would be up to each course director to decide his/her own assessment and the issue of establishing consistency across subject committees would remain unresolved.**

2. **Report from the Clinical Curriculum Council**  
**Dr. Michael Nieder**, Clinical Curriculum Council Chair, reported that *all Type B electives—including all Acting Internships (AIs)—will be on the same four-week schedule for the 2005-2006 academic year.* The Registrar has been working on getting the clerkship directors to return the core clerkship evaluations in a more timely manner. One change in the passing score established on the NBME Surgery Subject (shelf) Examinations: For the 2004-2005 academic year, Surgery will use the "NBME Quarterly Norms for Examinee Performance."
3. **Report from the Flexible Program**  
**Dr. Kent Smith**, Flexible Program Coordinator, suggested an agenda item for CME consideration: **Are additional hours related to a course permissible as an elective?**

4. **Report from the CCLCM Curriculum Steering Council**  
**Dr. Andrew Fishleder**, Cleveland Clinic Lerner College of Medicine Curriculum Steering Council Co-Chair, mentioned that all 32 CCLCM students successfully completed the nine-week summer basic science research block by producing a research project and presenting an oral presentation on their research. The LCME visit to the CCLCM took place September 12, and a written report is expected within three or four months.
  
5. **Cleveland Health Science Library Update and Discussion**  
**Mrs. Virginia Saha**, Cleveland Health Sciences Library Director, announced the completion of the library's orientation season for the students. Based on her own experience working with our medical, dental, and nursing students, Mrs. Saha indicated an area needing attention. **Our students seem to know little about the organization of literature.** Library staff would like to be more responsive in helping students and faculty learn these skills at the time when such instruction will do the most good, i.e., when there is a real need to use them. The topic of critical thinking and searching skills led to observations/responses by discussants. A common theme: How do we promote the desire to go "beyond the syllabus" among our students? Issues raised during the discussion: 1) Do our students have the skills necessary to find the appropriate material in a reasonably efficient manner? 2) Students are not using what they find. They are not "engaged." 3) How do we structure what we do to promote the students to look "beyond" the syllabus?
  
6. **Update on Faculty Development**  
**Dr. Terry Wolpaw**, Associate Dean for Curricular Affairs, announced the **new faculty development workshop series**, based on responses to a faculty survey requesting individual preferences with regard to day, time, and site for workshops as well as preferences from among a variety of suggested topics. The goal of the initiative is the encouragement of personal growth via a substantial and scholarly effort that can be noted on the curriculum vitae. Participating faculty have four options: 1) a **Certificate in Active Learning**, 2) a **Certificate in Team Learning**, 3) a **Certificate in Teaching and Learning**, and 4) to **attend on a session-by-session basis with no certificate**. The eleven different theme sessions will be repeated and offered at various times, dates, and sites.

#### **October 14, 2004**

1. **Report from the Student CME**  
Year II student representative, **Mr. Chris Utz** supplied the student perspective regarding issues raised at the last CME meeting:
  - Direct relation of the "value-add" component to student attendance at small groups
  - Student regard for the syllabus as pivotal—with the recommendation that **should the decision be made to diminish the role of the syllabus or to do away with the syllabus altogether, 1) Do this consistently across all subject committees, and 2) Improve the learning objectives for each lecture.**

- With regard to **research skills**, many students are adept at using *both* PubMed and Google. Have students *bring in* a journal article and critique it instead of having students only review one chosen article.

2. **Comments from the Chair**

**Dr. Murray Altose** welcomed **Dr. Henri Brunengraber**, one of the Dean's newly appointed CME members.

With Dr. Nieder's imminent relocation, Dr. Altose proposed **Dr. Dan Wolpaw** as the new Clinical Curriculum Council Chair. **The CME endorsed the appointment of Dr. Dan Wolpaw as Clinical Curriculum Council Chair.**

The **Town Hall meeting with Dean Horwitz on the curriculum initiative** took place October 12. The main goal is to "communicate" and "engage" faculty, students, the hospitals, and other stakeholders. The first step will be a small retreat of primarily clinical faculty that will take place in November to define a revised, or "renewed," clinical curriculum.

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

**Dr. Kent Smith**, Flexible Program Coordinator, mentioned a number of new Type B electives, an improved return of evaluations, and CCLCM student interest in the University's Type A electives program. Currently, there is no requirement for students to be on the Case campus during the fourth year so long as they are pursuing *approved* Type B electives elsewhere. During their fourth year, almost all students take away-electives, which often include an AI (acting internship) in a competitive specialty where they are planning to apply for residency and/or a Medicine AI regardless of specialty choice.

4. **Report from the Basic Science Curriculum Council**

**Dr. Amy Wilson-Delfosse**, Basic Science Curriculum Council Chair, provided highlights of the council's last meeting:

- Continued exploration of efforts to improve student attendance
- 2006 curriculum reform—Dr. Wilson-Delfosse will communicate the results to Dr. Altose's curriculum working group.
- Formation of a subcommittee to look into "mastery assistance" and revisit the issue of remediation.

5. Review of "**Guiding Principles for a New Curriculum**," developed by the Curriculum Working Group and presented at the last CME meeting

6. **Biomedical Information Technologies Update**

**Dr. Thomas Nosek**, Associate Dean for Biomedical Information Technologies, mentioned deliberations on whether to give entering medical students *tablet* computers instead of the usual notebook computers. Tablet PC's allow the user to take handwritten notes right on the electronic document, with an option for printing this out if desired. A **three-dimensional eCurriculum** is planned for

spring 2005. Adobe Atmosphere, a program used for movie animations, creates a 3D environment with a feeling of gamesmanship and interaction. We are also changing our programming to “.net” to better accommodate students and faculty using the MacOS.

7. **Health Sciences Library Update**

**Mrs. Virginia Saha**, Cleveland Health Sciences Library Director, gave a recent example of her staff going where there is a need rather than waiting for people to contact the library. Retention is much better when the learning experience takes place at the moment and in the context where it is needed. Mrs. Saha also mentioned surprising trends in online usage: The “trailing print” version of some journals, which can be accessed via OhioLINK, is being cancelled, and in the decision process, rankings, impact factors, and the number of downloads of the electronic versions are being examined. *Brain Research*, once widely respected as the #1 journal in the field, is no longer that popular and has dropped below 20 in rank. The current “heavy hitters” consist of *Annual Reviews* and other review journals.

**October 28, 2004**

1. **Dr. Louis Binder**, *Acting* Chair, introduced newly elected Year I student representative, **Mr. Leland Metheny**.

2. **Report from the Biochemistry Subject Committee**

**Dr. William Merrick**, Biochemistry committee chair, highlighted both the positive and negative aspects of this well-received committee. **Strengths:** near 50% *non*-multiple-choice-question format on interim exam, second year of “PBL light” small groups, *formative* midterm, cohesive core of faculty lecturers, clinical correlations, delineation of ground rules for professionalism. **Areas requiring attention:** quality of *print* syllabus **figures**, policy/logistical uncertainties caused by recent changes, delays in Biochemistry online exam, small group room temperature, impact of Friday Biochemistry interim examination rather than usual Monday. Discussants responded to issues raised during the report with a recommendation to further investigate the following: “**review sessions as electives**” and the **scheduling of review sessions**.

The CME unanimously passed the motion that **the parties involved (representing the course committee heads—subject committees and Foundations of Clinical Medicine—and the Flexible Program Coordinator) gather more information, get together, and propose a plan at a future CME meeting with regard to setting aside dedicated time for late afternoon review sessions.**

3. **Flexible Program Update**

**Dr. Kent Smith**, Flexible Program Coordinator, mentioned that Type B elective evaluations of students are being returned in a timely manner.

4. **Clinical Curriculum Council Update**  
Although his term does not officially begin until November 1, **Dr. Dan Wolpaw**, the new Clinical Curriculum Council Chair, mentioned the focus is on coordinating the timely receipt of online assessments of the students from the clerkship directors.
5. **Update from the CCLCM Curriculum Steering Council**  
**Dr. Andrew Fishleder**, Cleveland Clinic Lerner College of Medicine Curriculum Steering Council Co-Chair, mentioned that course directors will present feedback and revision recommendations to the Curriculum Steering Council when each course is completed. The Fundamentals of Molecular Medicine course and Research course from this past summer will be presented to the CSC on Friday, October 29, for discussion.
6. **Health Sciences Library Update**  
**Mrs. Virginia Saha**, Cleveland Health Sciences Library Director, announced that a **30-day trial** for *eMedicine* has been set up as of October 27. Mrs. Saha would like feedback from both students and faculty in evaluating this resource and thereby helping to decide selection of site licenses to purchase.
7. **Faculty Development Update**  
**Dr. Terry Wolpaw**, Associate Dean for Curricular Affairs, announced that between 65 and 70 faculty have signed up for sessions in the yearlong faculty development workshop series. The Dean is offering a total of \$10,000 in awards to faculty delivering *educational* presentations at educational meetings. A maximum of \$1,000 per award will go toward airfare and one night in a hotel.
8. **Update from the Associate Dean and Director of Residency and Career Planning**  
**Dr. Richard Aach**, Associate Dean and Director of Residency and Career Planning, mentioned that everything has been successfully transmitted for the Class of 2005.

#### **November 11, 2004**

1. **Comments from the Chair**  
**Dr. Murray Altose** mentioned the organization of a series of *design teams* to further the **curriculum renovation renewal project**. **The model for the new curriculum curtails the first two years of the curriculum to allow room for the 16-week block dedicated to the research and thesis requirement before the third year.**
2. **Report from the Student CME**  
**Mr. Brian Chow**, Year IV student representative, will be taking the USMLE Step 2 Clinical Skills (CS) and will forward his observations in time for the next CME meeting.

**The class entering in fall 2005 is the last one to receive computers purchased by the Case School of Medicine.**

3. **Report from the Basic Science Curriculum Council**

**Dr. Amy Wilson-Delfosse**, Basic Science Curriculum Council Chair, announced that the second Basic Science Curriculum Council meeting will take place Monday, November 15. The **Mastery Assurance subcommittee has been reviewing remediation strategies** and will have a report for the CME.

Discussion ensued on last year's practice (given the lack of a Basic Science Curriculum Council Chair) of inviting subject committee chairs to the CME to present an overview of their committee, focusing on strengths, areas requiring attention, and plans for improvement. Discussion concluded by emphasizing the current **mechanism in place**. The **evaluation of programs is a function of the Office of Curricular Affairs**. The **Basic Science Curriculum Council takes the feedback gathered by the Office of Curricular Affairs and looks for an opportunity for quality improvement via an "action plan"** drawn up by the subject committee chair **and reports back to the CME**. If there are **special issues needing attention, the Council brings them to the attention of the CME**. One such example is that of remediation, which the Basic Science Curriculum Council Chair plans to bring before the CME. Things must be brought back to the students as well. This is accomplished via the **action plan**, which is **transparent and open and is communicated to all the students**.

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

**Dr. Daniel Wolpaw**, Clinical Curriculum Council Chair, will be introducing a **plan for regular reporting by the specialty clerkships** at the CCC, addressing curriculum, student assessment, and program evaluation in terms of strengths, weaknesses, and action plans. The CCC plans to **focus**, in particular, on **development, implementation, and evaluation of a clear curriculum for the clinical year**. A **clinical retreat** involving faculty of both the University and College programs took place **November 1**, focusing on where we want our students to be in terms of competencies and content at the end of their clinical experiences and expectations for their preclinical training. **Dr. Bruce Koeppen**, of the University of Connecticut School of Medicine and an expert on clinical reform, will attend the **December 9 follow-up retreat**. All core clerkships have been asked to list the diseases, life stages, etc. that are *core* to their area. Significant overlap is anticipated, and this will be helpful in designing a new clinical curriculum.

5. **Flexible Program Council Report**

**Dr. C. Kent Smith**, Flexible Program Coordinator, mentioned that a few Year I and Year II students have signed up for **longitudinal research** where they can earn up to four elective credits per year.

6. **Update from the Office of Biomedical Information Technologies**  
**Dr. Thomas Nosek**, Associate Dean for Biomedical Information Technologies, updated the CME on recent BIT projects:
  - Opportunity to equip both the **E301** and **E401** lecture halls with hand-held devices for approximately \$75,000 to replace reliance on student notebook computers to achieve the **immediate audience response system**
  - Possible student trial of the **Tablet PC**
  - **White paper** written by Dr. Nosek on **various options to provide computer technology to students**
  - Availability of the **short, four-question lecture-by-lecture online student evaluation of the faculty lecturer**
  
7. **Health Science Library Update**  
**Mrs. Virginia Saha**, Cleveland Health Sciences Library Director, mentioned the current clash between the **NIH advocating a free electronic access policy for manuscripts supported by NIH funding** and the publishers opposing it. Eleven hundred hits were tracked last week during the **current eMedicine trial**. The library has planned more trials.

#### **December 9, 2004**

1. **Clarification of determination of the reduction of the two-year preclinical curriculum to accommodate the 16-week thesis requirement**  
The year and two-thirds preclinical curriculum is regarded as a *model* with timing and placement open to discussion and review by the CME. The Dean established a Policy Advisory Committee that developed this model. Any new curricular models will not become operational before they are sanctioned by the CME. Plans will be presented to the CME for a vote and then, if endorsed, will proceed to the Faculty Council.
  
2. **Comments from the Chair**  
**Dr. Murray Altose** summarized **curricular revision** update meetings held for the purposes of communication and gathering feedback. He expressed appreciation for the efforts of Year IV student representative **Mr. Brian Chow**, who forwarded his observations on taking the 7-hour USMLE Step 2 CS (Clinical Skills) Examination November 30, 2004, at the Atlanta site.
  
3. **Report from the Basic Science Curriculum Council**  
**Dr. Amy Wilson-Delfosse**, Basic Science Curriculum Council Chair, mentioned the multiple goals for the **Basic Science Curriculum Retreat** that took place yesterday:
  - Delineating core concepts
  - Examining what is taught in Year I (normal) and Year II (abnormal) to reduce redundancy while still allowing for some intentional, meaningful repetition
  - Engaging our diverse, talented faculty.Distribution of the **Basic Science Academic Schedule from 2005-2007**

The **transition year begins** with the class entering in **Fall 2005** (the Class of 2009). The **new curriculum** is targeted to take effect during the **2006-2007 academic year**. Some noteworthy dates:

- Date of final basic science interim exam: 1/31/07
- Board study and USMLE Step 1 exam 2/1/07-2/28/04
- Option to begin thesis *or* core clerkships 3/1/07 (approximate)

4. **Flexible Program Council Report**

Dr. Wilson-Delfosse and **Dr. Kent Smith**, Flexible Program Coordinator, have been discussing the **Type A electives program**. Group discussion focused on whether the Type A electives (Years I and II) should be totally elective. Several members favored requiring at least a small number of electives to enable all students to see their benefits and thus be encouraged to take more. Discussion of status of Type A electives will continue.

5. **Clinical Curriculum Council Report**

**Dr. Dan Wolpaw**, Clinical Curriculum Council Chair, mentioned that in developing the new curriculum, the CCC is focusing on:

- What students **need** to learn, rather than time allotments—Identifying core topics/areas students need
- How can **all** the stakeholders collaborate?

Medical schools have traditionally abdicated their educational role during the clinical years to the hospitals. The curriculum has been characterized by **random** exposure to clinical experiences and has been subject to the service and production needs of the hospitals. A new curriculum needs to address these issues and will likely require additional resources. The Dean has expressed his commitment to support the education of medical students.

6. **Health Sciences Library Update**

**Mrs. Virginia Saha**, Cleveland Health Sciences Library Director, announced that based on the **eMedicine trial** conducted in November, she will recommend purchasing a site license for 3 simultaneous users. She opted for the **PubMed** feature that will provide links to full text journals available to Case. Mrs. Saha announced a future trial for **First Consult**, the point of care product from **MD Consult**.

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

**Dr. Thomas Nosek**, Associate Dean for Biomedical Information Technologies, encouraged faculty to make use of the license we have with the DXR Development Group to create original Virtual Clinical Cases.

**January 13, 2005**

1. **Comments from the Chair**

**Dr. Murray Altose** provided a brief update on **curriculum renewal**. The **Dean's Policy Steering Committee** has expanded and is focusing on how the new curriculum will take shape through the use of **design groups**.

2. **Report from the CCLCM Curriculum Steering Council**  
**Dr. Andrew Fishleder**, Co-Chair of the Cleveland Clinic Lerner College of Medicine Curriculum Steering Council, presented a report on the 10-week **Basic & Translational Research Block**, which started in July. This first block has three components: 1) **Research Laboratory Experience**, 2) **Fundamentals of Molecular Medicine** seminar series focusing on basic science and research topics in small group format, and 3) weekly **Journal Club** fostering critical review of the scientific literature. Each component was evaluated, issues needing attention were identified, and a plan for addressing concerns was formulated.
  
3. **Discussion of Type A Electives**  
**Should Type A electives be required or elective? Should there be requirements for completion of any number of Type A electives, or should they be totally elective? While the value of the electives program was not being questioned, the issue of mandatory electives was. Two broad divergent opinions** emerged during the course of the meeting.

With the Flexible Program cited by the LCME as one of the Case curriculum's notable strengths during the accreditation self-study, discussants expressed **concern that making electives completely voluntary** would result in students not taking advantage of as many electives and subsequently losing the enrichment provided—both in the individual student experience with respect to content and interaction with faculty—and in the variety and depth of the electives program itself.

On the other hand, **proponents of a totally elective program** found that concept 1) in sync with student-directed learning, and 2) amenable to the shortened preclinical curriculum incorporating new public health content, the USMLE Step 1 requirement, and the onset of either the core clerkships or the research block all in the second year. Proponents viewed a totally elective program as a safeguard against overloading the students.

A desire to **reduce the number of required Type A elective courses** yet retain a prescribed level of student participation resulted in the following **motion: For 2005 and beyond, students will take four Type A electives over the first two years of medical school and there will be unscheduled time during the day to allow for them.**

**The motion failed to pass.**

**In favor: 4**

**Opposed: 5**

**Abstention: 1**

A subsequent **motion** was made.

**There is no requirement for Type A electives; it will be a completely voluntary program.**

**The motion passed.**

**In favor: 4**

**Opposed: 3**

4. **Update on the Research Thesis Program**

**Dr. Claire Doerschuk**, Associate Dean for Medical Student Research, provided an update on the new research and scholarship (thesis) requirement, which starts with the Class of 2009 entering in fall 2005. Students will have the option to begin either their thesis or core clerkships in the beginning of March 2007. The year will be divided into **three thesis block offerings**:

- March – June
- July – October
- November – February

Beginning in Year I and possibly continuing into Year II, the **Foundations of Inquiry and Discovery** (Research) **course**, orienting the students to the research project requirement, will be offered one hour per week. The option still remains for the student to use the 10-week summer break between Years I and II for research if desired.

Dr. Doerschuk responded to discussants' questions and offered clarifications:

**Any student pursuing a *dual degree* program with a research component—Master of Public Health, Master's degree, Ph.D.—is exempt from the thesis. However, if the student earned that degree *prior to entering medical school*, he/she must do the thesis project, even if that degree was a Ph.D.**

**January 27, 2005**

1. **Guiding Principles and Key Features of the New Curriculum**

The *revised* copy of the "**Case School of Medicine and Health Guiding Principles and Key Features of the New Curriculum**" reflects revisions suggested during the January 27 CME meeting and is to be disseminated via a series of meetings. In order to bring these guidelines before the Faculty Council at the February 28 meeting, the CME is seeking a vote on them today. In **Guiding Principles for the New Curriculum**, Dean Horwitz's initiative strives for innovation in medical education by reuniting the disciplines of public health and medicine into the *Case School of Medicine and Health*, where the core concepts of health and disease prevention will be fully integrated into the curriculum. Medical education will be *experiential* ("in context") and instill skills for *scholarship, critical thinking, and lifelong learning*. Appropriate pedagogical methods will be chosen to stimulate an *active* interchange between students and faculty, who function as "mutually respectful partners in learning." A graduate style educational environment will emphasize *flexibility, independent study, and self-directed learning*. Both **continuity and integration of basic science and clinical science** will be achieved by introducing the scientific foundations of medicine and health into clinical experiences—and the clinical experiences into scientific foundations. "Scientific foundations" include *basic science, clinical science, population-based science, and social and behavioral*

*sciences*. Every student will have an **in-depth mentored experience in research and scholarship**. In recognition of the obligations of the physician to society, the central themes of *public health, civic professionalism, and leadership* will be woven longitudinally throughout the entire curriculum. Systems issues such as *patient safety, quality medical care, and health care delivery* will be emphasized and integrated throughout the curriculum. Students will acquire a **core set of competencies** in the knowledge, mastery of clinical skills, and attitudes that are prerequisite to graduate medical education. These competencies will be defined, learned and assessed and serve as a mechanism of assessment of the school's success.

**Key features of the New Curriculum** for the Case School of Medicine and Health includes plans listed for *1) organization, 2) teaching and learning, 3) assessment, and 4) faculty support*. Each feature is cross-referenced with the number(s) of the guiding principle(s) from which it stems. The "big picture" approach is being used to devise the curriculum by beginning with a macro (rather than micro) level of study. The five components of the curriculum are:

- *Social, Behavioral, and Environmental Context* of Health and Disease
- *Scientific and Clinical Foundations* of Medicine and Health
- *Research and Scholarship*
- *Core Clinical Experiences*
- *Advanced Clinical and Scientific* Studies

**Organization** of the curriculum offers opportunities to explore cutting-edge biomedical science by beginning *mentored research* during the first one and one-half years to be followed by multiple openings for a dedicated 4-month research block culminating in a *scholarly product*. A break is scheduled between Year I and Year II that can be used for research. The "pillars" of *biomedical science, population health, scholarship, clinical medicine, leadership and civic professionalism* are woven longitudinally into the curriculum. Study begins at the *macro* level with a study of the *social and behavioral context of health and disease in the broader population* before it moves to scientific areas. Dedicated clinical immersion experiences will be found within biomedical and population sciences, and dedicated scientific immersion will be found within clinical rotations. Flexibility in the structure of the curriculum will allow for emphasis on independent study and scheduling choices based on individual areas of interest.

**Teaching and Learning** in the new curriculum are characterized by

- *Interactive* teaching with **three student-centered learning groups/week**
- A **maximum of 20 scheduled contact hours/week** (includes three student-centered learning groups, other interactive small and large group teaching, lectures, clinical skills)
- **Limited syllabus** with reference to multiple resources including primary literature, textbooks, Web-based resources and others
- Well-defined **core of clinical competencies** to be learned and assessed

- Deliberate **practice** for all clinical skills through **clinical exposure and simulation**
- Committed clinical teaching **faculty** who *directly observe students' clinical skills*

Expectations for **Assessment** include:

- Change to predominantly *formative* methods stressing **synthesis of concepts** and promoting **student responsibility** for learning
- Well-defined **core** of **clinical competencies** to be **learned** and **assessed**
- Well-defined and rigorous *program evaluation*

Description of **Faculty Support** follows:

- *Extensive* faculty development around **interactive teaching** and **tutorial facilitation**
- Support for faculty curriculum leaders during *design, initial implementation, and ongoing curriculum delivery*

**The CME voted unanimously to formalize the Case School of Medicine and Health Guiding Principles for the New Curriculum and Key Features of the New Curriculum, accepting the revisions suggested at its January 27, 2005 meeting.**

2. **Proposal for the USMLE Step 2 Clinical Skills (CS)**

Currently, passage of the USMLE Step 2 Clinical Knowledge (CK) is a requirement for graduation from the Case School of Medicine. In 2004, the USMLE Step 2 gained a second component: the Clinical Skills (CS) exam, which is graded pass/non-pass. **Currently**, we require students to *pass* the USMLE Step 2 *CK* in order to graduate and to *take* the USMLE Step 2 *CS* prior to graduation.

**Dr. Marcia Wile**, Director of Curricular Evaluation, drafted a proposal **stressing the importance of passage of the USMLE Step 2 CS, which is a requirement for licensure**. It mandates a **passing score on the USMLE Step 2 Clinical Skills (CS)** as a **requirement for graduation**, starting with the **Class of 2006**, and establishing a **deadline** by which all students must take the exam for the first time—of the academic year in which they intend to graduate.

**Arguments** were raised **questioning certain aspects of the proposal**, particularly **concerns over reliability, timing, and cost** of exam.

**Arguments** raised **in favor of the proposal** stressed anticipated low failure rate of this minimum competency exam and the benefit to students by requiring its passage for graduation to ensure completion before residency.

Pursuant to discussion, it was decided to change the **deadline** for taking the USMLE Step 2 **CS** to the **same** date as that already stipulated for the USMLE

Step 2 **CK**: **January 31** of the intended year of graduation. This modification addressed concerns that the proposed deadline was too early.

**The following motion and amendment passed by a vote of 5 in favor and 4 opposed:**

**A passing score on the USMLE Step 2 Clinical Skills (CS) is a requirement for graduation from Case Western Reserve University School of Medicine, effective with the Class of 2006 and thereafter. Case medical students must take the USMLE Step 2 CS for the first time by January 31<sup>st</sup> of the academic year in which they intend to graduate.**

**Amendment: This policy assumes timely reporting of test scores (within six weeks of sitting for the exam). Should this not occur, the issue will be revisited.**

### **February 10, 2005**

#### **1. Report from the Basic Science Curriculum Council**

**Dr. Amy Wilson-Delfosse**, Basic Science Curriculum Council Chair, presented a new *short-term remediation plan*, devised by the Mastery Assurance Committee, **for the next 18-month transition period**. The plan divides the next 18 months into three semesters, where each semester represents one-half of an academic year of time, and procedures refer to the amount of failures within any one semester block:

- Semester 1: 8/15/05 to 12/16/05
- Semester 2: 1/3/06 to 6/2/06
- Semester 3: 8/1/06 to 1/31/07

The new remediation strategy proposal was intended to apply to the current first-year students (Class of 2008) when they become second-year students in Semesters 1 and 2 as designated above and to the class entering in 2005 (Class of 2009) for Semesters 1, 2, and 3.

The procedure for certain actions follows:

A student **failing one committee** during a semester meets with his/her society dean and the subject committee chair—or a designee of the committee chair—of the failed committee. In conjunction with the committee chair (or his/her designee) and the society dean, the student develops a *self-directed study plan*. The study plan can vary from student to student. The assessment piece can take many different formats—an oral conversation with a faculty member, written answers, etc. Discussion focused on concerns raised as to what constitutes both 1) mastery of the material by the student, and 2) accurate assessment. The concept of the “study plan” for remediation derives value from the necessity for the student to be the instigator; he/she must demonstrate initiative by coming to the faculty, identifying the problem areas, and designing a way to address the deficiencies.

A student **failing two committees** during any one semester begins by following the same procedure for failing one committee but must also **take a semester**

**mastery exam**, a *cumulative exam*. If the student *passes the mastery exam*, he/she returns to good standing for the next semester. If the student *fails the mastery exam*, he/she is referred to the Committee on Students with the recommendation that he/she take a leave of absence, repeat the year, or be dismissed from the School of Medicine.

The recommendation for a student **failing three committees** remains the same as that of the current remediation system. The student is referred to the Committee on Students with the recommendation that he/she take a leave of absence, repeat the year, or be dismissed from the School of Medicine.

A student **failing the mastery exam in semester 3** (after one and one-half years of the medical school curriculum) necessitates careful and thorough review of his/her record.

Because failure in the **three longitudinal committees** occurs only at the end of the course, these committees present a particular challenge. The desire is to identify students *prior to* failure and to provide support throughout the committee. If a student drops below a pre-determined level (a pre-set pass mark) in *Histopathology*, he/she is required to attend **faculty-led review sessions**. *Anatomy* and *Pathology* require students dropping below a pre-determined level to attend **tutoring sessions**.

**There is no longer a summative Year I Comprehensive Examination for the class entering in Fall 2005 (Class of 2009)**. The *mastery exam* assumes the role previously held by the Year I Comprehensive Examination in **demonstrating mastery**. The Mastery Assurance Committee has recommended that the Year I Comprehensive Examination be retained as a *formative* exam in that it is great practice for the USMLE Step 1 as well as a proven indicator of USMLE Step 1 performance. The new 18-month curriculum in the first two years makes the *interim exams summative* and the **Year I Comprehensive Examination formative**.

**A motion was made to implement the new remediation strategy as proposed by the Mastery Assurance Committee with the stipulation that it be reviewed by the CME after completion of Semester 1 (August 15, 2005 to December 16, 2005) to determine whether it should continue as is or needs revision.**

The motion passed:

**In favor: 9**

**Opposed: 0**

**Abstentions: 0**

**A motion was made that the Year I Comprehensive Examination will not be used as a tool for *summative* evaluation for the class entering in Fall 2005 (the Class of 2009).**

The motion passed:

**In favor: 10**  
**Opposed: 0**  
**Abstentions: 1**

2. **Report from the Clinical Curriculum Council**  
**Dr. Dan Wolpaw**, Clinical Curriculum Council Chair, provided an update of activities. **Dr. Amitai Ziv**, an expert in **medical simulations**, will help with the development of the **Skills and Simulation Center**. We are developing low fidelity **patient-centered simulation programs for next fall**. A search is currently underway to fill **two new positions**: 1) a permanent **director of the simulation center**, and 2) someone to **head the standardized patient effort**. The focus on improving the system of timely and accurate **student assessment on clerkship rotations** continues. There is an effort to balance a **program identifying concerns with the recognition of those students doing a particularly good job**. A new vision of the **clinical curriculum** is in the course of development **in conjunction with the College**.
3. **Report from the Cleveland Clinic Lerner College of Medicine Curriculum Steering Council**  
**Dr. Andrew Fishleder**, Co-Chair of the Cleveland Clinic Lerner College of Medicine Curriculum Steering Council, mentioned that the nine-week **Year I Cardiology, Pulmonary, Hematology course** has been completed and formally reviewed with the report submitted to the Curriculum Steering Council. Each week of the course is designed around a particular theme with a weekly PBL case supplemented by seminars and labs. After the course ends, a comprehensive feedback-gathering effort pertaining to various aspects of the course takes place. Student feedback was very positive. In response to student feedback, faculty feedback, and direct observation by course leadership, only minor changes to improve the course for next year were suggested by the course director and faculty, and approved by the Curriculum Steering Council.
4. **Update on the Education Retreat**  
**Dr. Terry Wolpaw**, Associate Dean for Curricular Affairs, urged attendance at the **Education Retreat “On the Move: Curriculum Transformation at Case,” Friday, February 25, 2005, 8:00 a.m. to 2:00 p.m. at Landerhaven**. Faculty development workshops at the retreat feature many local individuals as well as University of Illinois at Chicago faculty.

### **March 10, 2005**

1. **Comments from the Chair**  
**Dr. Murray Altose** presented the **“Case School of Medicine and Health Guiding Principles and Key Features of the New Curriculum”** (approved by the CME at its January 27 meeting) to the **Faculty Council** at its February 28 meeting. The principles and features were formally approved by the Faculty Council.

2. **Comments from the Vice Dean for Education and Academic Affairs**  
**Dr. Robert Daroff**, Interim Vice Dean for Education and Academic Affairs, focused on Type A electives and turned the floor over to **Dr. Kent Smith**, Flexible Program Coordinator, who was requesting formalization of a related policy change by the CME if so desired.

The CME voted at its January 13 meeting to discontinue the requirement that students earn a total of 13 Type A elective credits during their first two years. No decision was made at that meeting as to whether or not the current first year students (Class of 2008) would still have to fulfill that requirement.

The following **motion** was made...

**The current Year I students (Class of 2008) will be required to earn 13 Type A elective credits over their first two years.**

Also requested was **a means of gathering data during the period running from August 2005 to June 2006**. The Flexible Program Coordinator replied that he would track the number of students taking voluntary electives along with students from the Class of 2008.

The motion **passed**:

**In favor: 8**

**Opposed: 0**

**Abstentions: 3**

Dr. Daroff felt that instead of being able to claim “a scholarly, structured elective system” in Complementary and Alternative Medicine, Case has more of “a haphazard potpourri of electives not assessed for quality and relevance.” To remedy this situation, Dr. Daroff is forming an **ad hoc committee of basic science and clinical chairs to review Type A and Type B Complementary and Alternative Integrative Medicine electives** and recommend deleting some, maintaining some, and shifting some from category type (A, B).

3. **Report from the Basic Science Curriculum Council**  
**Dr. Amy Wilson-Delfosse**, Basic Science Curriculum Council Chair, provided an update on developments. There is now an organized group of faculty to lead the basic science blocks that comprise the first one and one-half years of the new curriculum. Currently, we are starting to fill in design teams. We are in the preliminary stages of curricular design. One cultural issue deserves revisiting: **Our students do not know how to search for information and are not willing to purchase textbooks, even when they are strongly recommended.** Discussion focused on these two issues: 1) searching strategies available (access), and 2) purchasing of texts. The CME wished to focus on the following issues where it can effect change:
- Design the new curriculum so that students are encouraged to explore resources other than the syllabus.
  - Ensure that students have adequate search skills.

- Use our financial resources to provide links to texts and discontinue providing everything in the syllabus. Include material found in assigned links on the exam.

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

**Dr. Dan Wolpaw**, Clinical Curriculum Council Chair, mentioned that the clinical curriculum presented at the annual education retreat was generally well received. The current process of building a clinical curriculum from learning objectives is an exciting and challenging approach. He outlined **next steps**, which include: 1) re-examining core topics for purposes of further defining and refining them into effective learning objectives, 2) assembling design teams from each of the five hospital sites to develop design proposals for each site ready to review and subsequently present to the faculty by June-July 2005, 3) offering faculty development in the observation of clinical skills, 4) offering faculty development in “concept-based” curricular reform and small group tutorial learning strategies.

5. **Information Technology Update**

**Dr. Thomas Nosek**, Associate Dean for Academic Computing, provided an update on **faculty ePortfolios**, originally developed to help medical students with their thesis project by identifying the research interests of faculty. The faculty ePortfolio system is a database of the academic/research/clinical activities of Case’s 3500 faculty in the School of Medicine. Faculty are encouraged to add all their publications, MeSH keywords, and other CV material to the database.

**Mrs. Virginia Saha**, Director of the Cleveland Health Sciences Library, is working with the library director at University Hospitals to avoid duplication in expenditures wherever possible. Due to strong programming efforts by our university, Case has won either the coveted second or third spot on the four-year national tour of “**Changing the Face of Medicine: Celebrating America’s Women Physicians.**” The exhibit will be installed **at the Allen Memorial Medical Library from late October through mid-December 2005.**

**March 24, 2005**

1. **Report from the Vice Dean for Education and Academic Affairs**

**Dr. Robert Daroff**, Interim Vice Dean for Education and Academic Affairs, focused on **Complementary and Alternative Medicine (CAM) electives**. Currently, Case’s entire curriculum in Complementary and Alternative Medicine consists of some electives in need of better organization. Dr. Daroff put together an **ad hoc committee on Complementary and Alternative Integrative Medicine Electives** to review these Type A and Type B elective offerings. The following Type A electives were changed to Type B electives: Music Therapy, Medical Hypnosis, and Osteopathic Manipulation. In addition, several Type A and Type B electives were eliminated. Dr. Daroff is forming a new committee to put together a proposal for introductory (Type A) and advanced (Type B) CAM electives. Case is currently in negotiations with **Natural Standard** to obtain licensing rights to their database, which would enable the user to look up any

CAM therapy. Case is also talking to a **potential donor interested in funding a professorship in Integrative Medicine**. Future plans include the **development of a four-year longitudinal program in Complementary and Alternative Integrative Medicine** for the University Program.

2. **Clinical Curriculum Council Report**

**Dr. Dan Wolpaw**, Clinical Curriculum Council Chair, explained that current policy allows medical students to delay **completion of core clerkships in Psychiatry, Ob-Gyn, and Neurosciences** until January 31 of Year IV. This has resulted in significant problems, and **on March 18, 2005 the Clinical Curriculum Council voted unanimously to require that the core clerkships be completed by October 31, 2006 for the Class of 2007 only**. Student representatives expressed their concerns, and society deans requested a formal process to be used when exempting students from the new policy on an individual basis. **The CME approved the following by consensus: October 31, 2006 is to replace the current January 31 deadline for completion of the core clerkships by the Class of 2007. Exceptions to this policy—if appropriate—will be handled through the Society Dean.**

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

**Dr. Andrew Fishleder**, Co-Chair of the Cleveland Clinic Lerner College of Medicine Curriculum Steering Council, presented a report reviewing the **Renal Course**. Student approval of the Renal Course was high. In response to faculty feedback, student feedback, and direct observation by course leadership, several minor modifications to the well-received Renal Year 1 Course will be implemented for next year.

4. **Library Update**

**Mrs. Virginia Saha**, Director of the Cleveland Health Sciences Library, mentioned that various licensing possibilities are in the work.

**April 14, 2005**

1. **Comments from the Chair**

**Dr. Murray Altose** provided an update on **curriculum revision**:

- **Basic science block leaders** and **clinical curriculum block leaders** have been identified.
- The Office of the Dean has invited faculty interested in participating in the **design teams** to apply and will review the responses to form design teams.
- Dr. Terry Wolpaw is starting a **methods of evaluation initiative** that includes both program and student assessment in a move away from multiple-choice-question format.

2. **Report from the Student CME**

The **need for improving the level of communication among administration, faculty, and students** was a recurring theme. Year I students' frustration was

perceived as arising from lack of both a) communication, and b) sampling of their opinion. Students were concerned over 1) the elimination of a group of CAM electives in spite of strong student interest in them, and 2) the proposed restructuring of the new clinical curriculum beginning in 2006-2007 that would contain students to just one hospital during an entire 16-week block. The *tentative* model is based on three 16-week clinical curriculum blocks—two acting as basic core blocks and the third as a more advanced block—and must come before the CME for approval. Year I student, **Mr. Brandon Gimbel** has formed the **Student Communication Committee (SCC)**, an open forum consisting of one moderator (rotating position) and eight representatives of the Class of 2008 to improve communication between students, between students and faculty, and among student groups.

3. **Flexible Program Update**

**Dr. Kent Smith**, Flexible Program Coordinator, mentioned that in planning next year's program, students have been very enthusiastic about the abundance of Type B elective choices.

**April 28, 2005**

1. **Mr. Matthew Pifer** (Class of 2008) represented the newly formed **Student Communication Committee (SCC)** at today's CME meeting. The SCC is looking to ensure that all relevant information gets disseminated to the student body.
2. **Clinical Curriculum Council Report**  
**Dr. Dan Wolpaw**, Clinical Curriculum Council Chair, provided an update:
  - The **proposed clinical curriculum model**, slated to go in effect for the 2006-2007 academic year, was presented to the students at the Year I class meeting, April 25.
  - The **new policy advancing the deadline for finishing the core clerkships to October 31 of the fourth year for the Class of 2007** was presented at the Year II class meeting, April 8.
  - A draft of a **formal (written) policy on medical student work hours (the hours that students are expected to be present in the clinical setting during clerkships)** was presented to the CME. Based on suggestions made during discussion, the document will be revised and re-presented to the CME at a future meeting.
  - A **policy for student failure of the NBME shelf exam** has been formulated for the **Classes of 2006 and 2007** in the **University Program**.
  - A **new subcommittee** has been formed with a dual role: a) to identify **early concerns**, and b) to recognize **exemplary performance** among students.
3. **Update from the Office of Curricular Affairs**  
**Dr. Terry Wolpaw**, Associate Dean for Curricular Affairs, announced:
  - Upcoming **evening dinner retreat: "New Curriculum Update," May 31**, featuring Dr. Michael Whitcomb as guest speaker

- **Design teams** for the first one and one-half years of the new curriculum are almost fully formed.
- June 13 is the deadline for completion by each design block team of the **concept template**, outlining general concepts, subtopics, and clinical cases.
- Formation of **assessment/evaluation groups** to investigate student assessment in the basic sciences, student assessment in the clinical experiences, and program evaluation
- **Announcements** have gone out to faculty and students inviting them to volunteer for design teams.

4. **Cleveland Clinic Lerner College of Medicine Update**

**Dr. Lindsey Henson**, Vice Dean for Education for the Cleveland Clinic Lerner College of Medicine and Co-Chair of the CCLCM Curriculum Steering Council, provided updates on a) **LCME** (Liaison Committee on Medical Education) letter pertaining to the **September 12-15, 2004 limited site visit**, and b) the **portfolio process of student assessment** at the College.

A letter documenting the LCME's actions was sent to Case Western Reserve University President Edward Hundert, M.D., on February 16, 2005. The letter was very positive, focusing on the many **strengths** of this new and different program. Dean Horwitz is to include information on specified topics in his **September 1, 2006 progress report** to the LCME. Dr. Henson concluded this portion of her report by listing the **next steps** planned for the CCLCM.

Next, Dr. Henson presented a progress report on **student assessment** in the College Program. She began with an **overview** of the assessment process. Assessment in the College Program is based on a mastery learning model of nine competencies with criterion-referenced standards for student achievement. There are no graded or numerical assessments in any of the courses or clerkships. This approach is designed to promote self-directed learning and self-reflection skills. Students complete an electronic portfolio across all five years of the curriculum. Evidence in the portfolio consists of self-assessments and feedback from faculty and peers using narrative comments rather than numerical data. Examples of both "strengths" and areas "needing improvement" are identified. There are both formative and summative reviews. Students participate in several Formative Portfolio Reviews each year with their assigned Physician Adviser (PA). During an annual Summative Review, the summary portfolio is submitted for review by the College's Medical Student Promotions and Review Committee for determination if the level of achievement warrants promotion to the next year.

Dr. Henson explained the **progressive** nature of the portfolio system. She described each of the **nine competencies**. She delineated the many assessment-related **accomplishments** to date (creation of materials and systems, faculty development, information gathering missions, etc.). She concluded by presenting the tasks referred to as **next steps**.

May 12, 2005

1. **Comments from the Vice Dean**

**Dr. Robert Daroff**, Interim Vice Dean for Education and Academic Affairs, reminded that while **videostreaming all** lectures is the default system, it is not mandatory. Lectures including the depiction of identifiable patients or containing copyrighted material should not be videostreamed. Faculty wishing **not** to have a specific lecture videostreamed need to notify the Audio Visual staff well ahead of the date of the scheduled lectures. Dr. Daroff suggested improving communication by circulating a check-off feature to this effect so that the subject committee chair would receive such requests in a timely fashion.

2. **Report from the Student CME**

A Year I survey initiated by the Committee on Student Representatives (CSR) to improve feelings about the proposed new clinical curriculum, yielded responses ranging from being excited about the new curriculum to being upset with midstream changes. A meeting took place involving clinical block design leaders from the various institutions with significant student representation as well. Two main underlying principles of the new clinical curriculum:

- Explicit delineation of knowledge and skills objectives that students need to achieve during this 96-week block
- Guarantee of broad experience with the full continuum of the care of a patient, from ambulatory care to acute and critical care, to post-acute care, to rehabilitation, to extended care

Congratulations to **Mr. Brian Chow**, who represented the Class of 2005 throughout his four years of medical school and is graduating this weekend. He is pursuing a dual residency in Med-Peds at University Hospitals.

3. **Basic Science Curriculum Council Report**

**Dr. Amy Wilson-Delfosse**, Basic Science Curriculum Council Chair, highlighted **innovative learning techniques** used by Year I and II subject committee chairs and described at the Council's recent meetings:

- Daily multiple-choice-question **quizzes** replace the interim examination in the Year II Drug Action and Biodisposition committee
- Option for an **oral examination** in the Year II Mechanisms of Infection committee in place of the online essay component of the interim examination
- **Student-led small groups** in the Year I Biological Basis of Disease committee
- **Early** exposure to Pathology leading to improvements in scores for the Pathology components of the Biological Basis of Disease committee

Ongoing projects:

- Timely solicitation of faculty lectures **not** to be videostreamed and apprising students of such
- Collaboration between the Basic Science Curriculum Council Chair and CSR to make the post-exam review session a better learning opportunity and to promote professionalism

- May 31 evening retreat, the “New Curriculum Update” to communicate accomplishments to date
- Deadline for submission of Concept Templates by mid-June
- Time allotments for each block to be assigned by mid-summer
- Plans to unload much content from the syllabus in order to provide links to high quality resources for the new curriculum starting July 2006

4. **Flexible Program Update**

**Dr. Kent Smith**, Flexible Program Coordinator, mentioned that the Type B elective program had a successful year and named some of the most popular electives.

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

**Dr. Andrew Fishleder**, Co-Chair of the Cleveland Clinic Lerner College of Medicine Curriculum Steering Council, mentioned that the **new clinical curriculum model** was presented to the Clinic students at their recent class meeting.

Dr. Fishleder presented an overview of the Year I **Gastroenterology Course**. Feedback results concluded that overall course quality was good to excellent with strong organization and student satisfaction. Various components and features of the course were evaluated. In response to student feedback, faculty feedback, and direct faculty observation, minor changes to the Year I GI Course will be implemented to accommodate the recommendations.

6. **Information Technology Update**

**Dr. Thomas Nosek**, Associate Dean for Academic Computing, mentioned two main projects in which his staff is involved:

- The Web-based patient log for the new clinical curriculum that starts in July 2006. It will probably be accessed via computer rather than PDA.
- Anticipating that students will be coming to Case with all different kinds of computers and Internet browsers starting in July 2006, a switch to the operating-system-independent “.net” software is currently being implemented. Roughly 112 programs are being rewritten.

**Mrs. Virginia Saha**, Director of the Cleveland Health Sciences Library, focused on the combination of options necessary for students to have suitable access to primary sources—buying some of their own texts, borrowing some texts from the library, and using online resources. There is **no one-source electronic edition of textbooks**. Instead there are **aggregates** of various sources. We need links to textbook chapters for our students at the point the faculty require or recommend reading them. The possibility of approaching Vital Source <http://www.vitalbook.com> was mentioned by a discussant. Vital Source can make an agreement with any publisher. In preparation, we would make a list of all books needed during our four-year curriculum. All students and faculty would be

able to use these materials. Faculty would need to turn in their readings on time, since negotiating online access site licenses can be a long process.

## June 9, 2005

### 1. **Basic Science Curriculum Council Update**

**Dr. Amy Wilson-Delfosse**, Basic Science Curriculum Council Chair, provided an update on preclinical block developments. **The first one and one-half years of the curriculum are demarcated by six blocks**—the length of each yet to be determined. **The new curriculum starts in the summer of 2006. Design team leaders** are in place for all six blocks. Five of the six design teams are established and have been meeting regularly. They have been working on **“concept grids.”** The remaining block, Block 1, which sets the tone as Social/Behavior/Environmental Context of Health and Disease, is beginning to meet regularly. Established in addition to the six vertical blocks are **one horizontal block** and **multiple themes**.

The well-attended **May 31 evening dinner retreat, “New Curriculum Update,”** featured **breakout groups, successfully combining both basic science and clinical faculty**. The retreat succeeded in obtaining feedback from a broad group of faculty and in disseminating information.

**Monday, June 13, is the first meeting to look at the entire one and one-half year basic science curriculum. All design leaders will meet to share their concept grids.**

**Mid-summer is the deadline for a preliminary assessment of how much time each block will need.** The new curriculum remains committed to **integration both within basic science blocks and across the blocks**. The new curriculum also intends to provide **clinical immersions during the first one and one-half years more extensive than currently exist**. We have been concentrating on curriculum *development* and anticipate approaching curriculum *presentation* by late summer.

### 2. **Clinical Curriculum Update by the CME Chair**

In Clinical Curriculum Council Chair Dr. Daniel Wolpaw’s absence, **Dr. Altose** provided a brief update. **Block leaders** have been chosen **for each of the two basic core blocks at each of the affiliates**. **Two leaders for the advanced block** have also been chosen. Also accomplished is the **listing of all the learning objectives and expectations for knowledge and skills for each core block**. **Exploration of how to present curriculum at the respective facilities** is now underway. Guidelines require **common learning objectives across institutions** and **comparable assessment across institutions** as well. We are currently about to **assemble a group** of representatives from each of the affiliated hospitals to **plan the fourth year**.

3. **Report from the CCLCM Curriculum Steering Council**  
**Dr. Andrew Fishleder**, Co-Chair of the Cleveland Clinic Lerner College of Medicine Curriculum Steering Council, presented an overview of the Year I **Process of Discovery** Course, a weekly lunchtime seminar series spanning 9 months. The main thrust of the course is **to expose students to a broad range of research and to emphasize the interdependent nature of the “process of discovery,” where clinical questions can lead to basic or translational research and/or basic or translational research can lead to clinical investigation.** Speakers and research topics were specifically selected to integrate with the organ-system theme of the week. Students appreciated the opportunity to learn about both the research activities and careers of recognized investigators in this well-organized course. The purpose of the course is the exposure of students to research and researchers and not necessarily the learning of science. Extensive feedback concluded that the Process of Discovery Course had been successful in meeting its goals and could benefit by incorporating a few of the suggested refinements.
  
4. **Library Update**  
**Mrs. Virginia Saha**, Director of the Cleveland Health Sciences Library, mentioned that negotiations to extend University Hospitals access to the point-of-care database, *UpToDate*, to medical students at the Case domain were currently stalled due to pricing concerns. However, since the June 9 CME meeting, a new, more reasonable figure for adding the Case campus has been worked out, and the new proposal is in the Dean’s office at the time of this writing.

**June 23, 2005**

1. **Reception** honoring completion by Dr. Altose of his first three-year term as CME chair and the beginning of his second

Prepared by Lois Kaye  
Secretary to the CME