

Overview of 2005-2006 Committee on Medical Education Meetings
Arranged Chronologically by Meeting Date and Issues Discussed
(Detailed Digest Available upon Request)

September 15, 2005

1. **Comments from the Chair**
Dr. Murray Altose welcomed newly elected CME members **Dr. Lynda Montgomery** and **Dr. Stephen Previs**. **Dr. Lou Binder** was re-elected to a second consecutive term. This year's focus will be on **the curriculum renewal process** with **Dr. Amy Wilson-Delfosse** and **Dr. Dan Wolpaw** providing updates at each meeting.

2. **Report from the Student CME**
To keep informed of CME happenings, students (as well as faculty and staff) are encouraged to view the CME website: <http://casemed.case.edu/som/cme>. While students currently serve on *all* the design teams, more students are always welcome. Efforts have been made to communicate developments in the new curriculum to students and faculty via 1) periodic electronic distribution of the *New Curriculum Update Bulletin*, 2) the **New Curriculum Update Retreat**, re-scheduled for **Tuesday, November 22, 2005**, and 3) the **New Curriculum Website** (<http://casemed.case.edu/curricularaffairs/newcurriculum/index.htm>).

3. **2005 Scholarship in Teaching Awards**
Last year marked the first awards presentation for what was then called the Best Contribution Awards. The criterion-based self-nomination system allows faculty to select and describe a scholarly teaching effort from the preceding year. Submissions are reviewed and rated by both external and internal reviewers. Last year 34 faculty received awards, and with an increase in the number of submissions this year, 40 of our teachers will be honored at the **September 21 program and reception**.

4. **Report from the Basic Science Curriculum Council**
Dr. Amy Wilson-Delfosse, Basic Science Curriculum Council Chair, distributed an excerpt from the Student Handbook describing the new **remediation plan** that is in effect for the 18-month transition period (endorsed by the CME February 10, 2005).

Dr. Wilson-Delfosse explained a soon-to-be implemented **revision to the post-exam review process** that postpones the component where students ask faculty questions until three to five days after the exam. The new "timing" offers the following advantages: a) It eliminates the emotionally-charged atmosphere that peaks immediately after the exam, and b) It allows the students time to reflect prior to reviewing with the faculty. Students continue

to be able to view their own exam under secure conditions immediately following the exam.

5. **Curriculum Renewal Initiative**

Dr. Wilson-Delfosse presented noteworthy dates for curriculum-related events:

- **September 26, case-writing workshop** conducted by **Dr. Alan Neville** of McMaster University
- **November 22, New Curriculum Update Retreat**

Curriculum development has progressed from **blocks** to **concepts** to **learning objectives**. Currently, we are formulating **cases**. We need to define **teaching/learning approaches**. **Timeframe** has yet to be determined.

Dr. David Katz posed questions/issues that were answered by Drs. Altose, Terry Wolpaw, Dan Wolpaw, and Amy Wilson-Delfosse.

- **How will the timeframe be determined? What are the criteria?** The *scope* of the particular block is the main determinant. Learning expectations will be key. It may be necessary to *shift* concepts or learning objectives across blocks or *postpone* some of them to a future year.
- **Who will decide if the scope of a block's learning objectives is appropriate?** Block leaders have been meeting regularly with Dr. Altose, Dr. Terry Wolpaw, and Dr. Wilson-Delfosse. There will be **negotiations** between the parties resulting in a **consensus**. There is the prospect of a **curriculum monitoring committee** in the future. The block leaders along with Dr. Altose, Drs. Terry and Dan Wolpaw, and Dr. Wilson-Delfosse are currently serving as the monitoring committee.
- **What is the role of the CME if there is a separate monitoring committee?** Final approval rests with the Faculty Council. Since the CME presents to the Faculty Council, the CME is vested with "penultimate" approval. The oversight responsibility of the CME has been established: **The proposed innovations in the new curriculum are to be regarded as models, and if the CME determines that a particular model is not appropriate, that model will be changed. (December 9, 2004)** To what extent does the CME expect to become involved in the curriculum approval process? How much *interim oversight* and *interim review* does the CME wish to take on?
- **What opportunities will the CME have to evaluate the new curriculum? Could the CME see a model of how one block or one subject within a block will play out?** For example, for any particular set of learning objectives, how much will students be expected to learn *on their own*? How will the **20 in-class contact hours** per week be used? Curriculum development will not reach that point until December, January, or February and for some blocks not until May or

June. We cannot evaluate framework until detail is developed, and this issue leads back to the question of interim oversight. Instead of examining one model component of the new curriculum to see how the details play out, a progressive, continual set of reports to the CME might be preferable under the circumstances. There already exists a series of frameworks for the new curriculum into which we can plug the details: block structure, clinical immersions, clinical rotations, and preclinical rotations.

- **Evaluation by an “outside” group such as the CME could prove useful to the design teams and would fill the CME’s oversight responsibility. We need to be able to evaluate whether or not the learning expectations for a specified block or subject are realistic, given the structure and number of contact hours, self-directed learning exercises, etc.?** Such an evaluation would only be possible after the block was fully developed and each block would need to be evaluated separately and individually. A more practical approach might be evaluation based on concept flow and implementation.

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

Dr. Dan Wolpaw, Clinical Curriculum Council Chair, presented the formal, final version of the **Policy on Medical Student Participation in Clinical Settings**, which is intentionally general and compatible with the LCME request for *guidelines* for the medical student’s clinical working environment. The Case policy lists considerations that support learning and safeguard personal health and confers responsibility for monitoring the guidelines with the Clerkship Director. **The CME unanimously endorsed the Policy on Medical Student Participation in Clinical Settings.**

Dr. Wolpaw, who is co-director of the **Fundamentals of Clinical Mastery Program**, presented an overview of this **pre-clerkship program**, which is still in development. The Fundamentals of Clinical Mastery consists of the Science of Clinical Practice (SCP) Tuesday morning curriculum, the Patient-Based Program, and the Clinical Skills (Physical Diagnosis and Communications) Program. Two new patient-based experiences for the new curriculum go into effect this year. Starting in September, **RAMP**, short for **Rotating Apprenticeships in Medical Practice**, engages Year I students as active observers in diverse clinical settings via a series of “mini-rotations” every other week for four months. Exposure to the variety of clinical settings in RAMP prepares the student to make an informed choice of clinical setting for the **longitudinal preceptorship**, which starts in January for Year I students. The longitudinal preceptorship places the student in a consistent practice setting every other week, working with the same one or two preceptors for twelve months, concluding in December of Year II.

7. **Update from the Office of Curricular Affairs**
Dr. Terry Wolpaw, Associate Dean for Curricular Affairs, mentioned that the **Scholars Collaboration in Teaching and Learning**, composed of faculty mentors and second and fourth year students, is now in its fourth year. **Evaluation of clerkships/clerkship faculty and subject committees/subject committee faculty** has gained momentum this year. **Dr. Klara Papp** designed a simpler evaluation for the subject committees that students complete online during the last few days before the committee examination. Last year, the clerkship evaluation form was redone to become more user-friendly. Dr. Wolpaw and other Case representatives attended an **Institute on Learning Communities** (subgroups of students—like the four Case societies—characterized by a common sense of purpose that can be used to build a sense of group identity and cohesiveness to enhance curricular and co-curricular experiences) at the University of Iowa School of Medicine in Iowa City. Dr. Wolpaw along with other Case representatives will be visiting the **National Board of Medical Examiners (NBME)** headquarters to begin plans for a collaborative study of evaluation methods.

8. **Cleveland Health Sciences Library Update**
Mrs. Virginia Saha, Director of the Cleveland Health Sciences Library, explained the challenges of dealing with a huge budget deficit. She is currently involved in making her final selection of which journals to cut in print. **“Trailing print” journals** are printed editions of journals for which we also have electronic access. Due to the unpredictability of publishing company changes, continuing access to electronic versions of these journals cannot be guaranteed. The loss of the print archive that the Library has traditionally acquired is troubling. Case was successful in its efforts to piggyback with University Hospitals in licensing the electronic database **UpToDate**. Everyone at Case has access. A Caser user ID is required, and users must access the database from a computer on the Case network. Mrs. Saha plans to get **AccessMedicine**, a collection of fulltext books published by McGraw-Hill, in anticipation of the new curriculum’s push to encourage student use of the primary literature. **The CME unanimously approved the following motion: Based on our pedagogical approaches in the new curriculum and in consideration of students’ financial limitations in purchasing expensive texts for episodic reading, the CME strongly endorses the array of electronic textbooks selected by Mrs. Virginia Saha.**

9. **Office of Academic Computing Update**
Dr. Thomas Nosek, Associate Dean for Academic Computing, mentioned major information technology projects supported by his office: a) system enabling students to choose and schedule rotation selections for **RAMP** (Rotating Apprenticeships in Medical Practice), b) **ePortfolio** system with a reporting feature to allow monitoring by staff, c) **subject committee** and faculty **evaluations**, d) electronic resources and support for **block leaders**, and e) **clinical patient log**.

10. **Flexible Program Council Update**

Dr. Kent Smith, Flexible Program Coordinator, announced that Year IV students are currently involved in taking Type B electives. Year I students need to find out more about the exciting array of Type A elective offerings. Plans are in the works to have Year II students discuss the outstanding selection of Type A electives with Year I students.

September 29, 2005

1. **Histopathology Update**

Nick Ziats, Ph.D., Histopathology subject committee chair, presented accomplishments for the new Year I longitudinal committee combining histology and pathology during its 2004-2005 start-up year: exam revision, optional afternoon review sessions, take-home quizzes with images, introduction of virtual microscopy, CD images that can be downloaded. Dr. Ziats compared student performance on histology exams (multiple-choice-question format and practical exams), general pathology exams and practical exams, and comprehensive exams. Mean scores for academic years 2001-2002 through 2003-2004—when histology was taught as a longitudinal committee throughout the organ systems committees and pathology was taught separately in the Biological Basis of Disease committees (BBDI and BBDII)—were compared with mean scores in the integrated histopathology committee for 2004-2005. Scores tended to be higher for students in the new integrated committee. This year represented a 20% reduction in content, compelling faculty to prioritize.

2. **Curriculum Renewal**

New agenda item so that **Dr. Amy Wilson-Delfosse** and **Dr. Dan Wolpaw** can keep members informed routinely as to the most recent happenings.

The New Curriculum Update Retreat has been rescheduled for Tuesday, November 22, 2005, 5:30 to 8:30 p.m., location to be announced.

Clarification of erroneous assumptions about the **clinical immersion**, which is still in the early stages of development. It is anticipated that communication will get better over time.

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

Dr. Amy Wilson-Delfosse, Basic Science Curriculum Council Chair, highlighted Dr. William Merrick's 2005-2006 **Biochemistry** Update. There was a discussion by CME members over the number of identifications on the biochemistry interim examination. While this year's class performed as well as last year's class, there continues to be a significant, although not excessive, number of identifications. While the biochemistry committee has consistently enjoyed one of the strongest evaluations by students, its content is requisite for a very heterogeneous group of medical students—ranging from those with no previous background in the subject to those who have already covered the

material prior to entering medical school. The new remediation policy allows students until the end of the semester to develop a longitudinal study plan. Dr. Merrick has already developed a constructive plan listing specific, essential areas in which the students will need to demonstrate competence.

4. **Clinical Curriculum Council Report**

Dr. Dan Wolpaw, Clinical Curriculum Council Chair, encouraged more faculty and students to attend the impressive **Scholarship in Teaching Awards** ceremony, has heard positive informal feedback from students on the new **RAMP (Rotating Apprenticeships in Medical Practice)** program, mentioned that **clinical curriculum design groups** will present their work along with the blocks at the November 22 New Curriculum Update Retreat, and announced plans for a **Year II large group class meeting** to keep students informed of new curriculum developments. Delineation of the 16-week **Advanced Core** and the **fourth year** as well as plans for the **integration of basic sciences into the third and fourth years** need to be developed soon. Dedicated time exists to develop programs benefiting a certain track—activities more suited to **University Program students** than **College Program students** and vice versa.

5. **Flexible Program Council Report**

Dr. Kent Smith, Flexible Program Coordinator, reminded that **Type A electives** are only required for the current second year students (Class of 2008). To maintain the broad scope and faculty expertise indicative of current elective offerings, **students need to honor their commitment once they sign up**. As Year I students (Class of 2009) are not able to begin Type A electives until November, there are no data so far on enrollment in the voluntary program.

6. **CCLCL Curriculum Steering Council Update**

Dr. Andrew Fishleder, Cleveland Clinic Lerner College of Medicine Curriculum Steering Council Chair, highlighted two of the Year I course reports presented at the July 2005 meetings of the Curriculum Steering Council. Course directors incorporate the results of extensive student feedback, faculty feedback, and direct faculty observation when preparing their overviews and recommending changes for the coming year. The decision was made to reorganize the seminars and PBL sessions around four weekly themes to provide more cohesion in the **Endocrinology & Reproductive Biology** course. A logistics difficulty encountered during the well-received final course of the year, **Hematology/Immunology/Microbiology (HIM)**, led to the occurrence of end-of-year summative portfolio deadlines during this course. That the portfolio system will be in entirely electronic format next year and that physician advisors will be more familiar with the system should help to resolve the conflict. In addition, care will be taken to make sure that students

perform some of the necessary summative portfolio assessment steps at intervals before the end of the year.

7. **Cleveland Health Sciences Library Update**
Mrs. Virginia Saha, Director of the Cleveland Health Sciences Library, mentioned her recent proposal to cancel at least \$215,000 in “trailing print” journals (print editions of journals for which we also have electronic access) in light of the university deficit. She assured that we will not be losing major content, and she has committed funds for *UpToDate*, *AccessMedicine*, and *MDConsult*.
8. **Office of Academic Computing Update**
Dr. Thomas Nosek, Associate Dean for Academic Computing, announced that his office is beginning to develop the new eCurriculum to support teaching and learning in the new curriculum. Faculty member, Dr. Brian Maddux is the faculty advocate who is working with the office to explore ways of integrating the learning grids and block learning objectives with the daily schedule of activities and learning objectives for each of these activities.

October 27, 2005

1. **Report from the Student CME**
Welcome for **Mr. Jason Garnreiter**, returning Year IV student representative, **Mr. Brandon Maughan**, newly elected Year I student representative, and **Ms. Blessing Igboeli**, Year II Student Communication Committee (SCC) representative for this meeting. Enthusiasm noted for the newly implemented preclinical RAMP (Rotating Apprenticeships in Medical Practice) program, consisting of observational mini-rotations.
2. **Curriculum Renewal**
(Includes both Basic Science Curriculum Council and Clinical Curriculum Council updates as well)

Dr. Amy Wilson-Delfosse, Basic Science Curriculum Council Chair, mentioned that an explanation of the re-evaluated **examination system administration** in light of Dr. Marcia Wile’s retirement was presented at last week’s Basic Science Council meeting. Significant accomplishments to date: 1) shared faculty responsibility for deciding how to **reduce basic science committee content by 20% (from two years to one and one-half years)**, starting with the current Year I class (Class of 2009) **to accommodate the new thesis requirement** (already implemented at the beginning of this academic year), and 2) laying out of **weekly themes for individual blocks in the Foundations of Medicine and Health curriculum** starting in July 2006 (October 17 block leaders meeting). Blocks are *multi-disciplinary* and represent the **integration of basic science and clinical science**. Current tasks: 1) prioritizing roughly 450 learning objectives, some of which may be integrated into the third year clerkships or clinical immersions (a one-week

period in each block to enhance basic science learning in a meaningful and timely clinical context), and 2) creating cases around the weekly themes.

Dr. Altose presented a curriculum update to the **Faculty Council** on October 24.

Dr. Dan Wolpaw, Core Clinical Curriculum Council Chair, mentioned that **clinical immersion** block representatives have begun meeting regularly. There are plans to use the **Skills and Simulation Center** (at the Louis Stokes Cleveland Department of Veterans Affairs Medical Center) for many clinical immersion activities.

A **“bridge” program** is being designed as a one-week interlude in July 2006 to help students with the transition from the pre-clerkships to the clerkships. **Basic Core I** and **Basic Core II** comprise the two basic sixteen-week clinical rotation blocks, each done in entirety at one of three sites: University Hospitals/VA, MetroHealth Medical Center, and the Cleveland Clinic Foundation. Clinical blocks are organized to promote an **interdisciplinary** approach to medical education. Expected learning objectives have been laid out for the entire 32 weeks of the basic core. Focus is now on defining the Advanced Core curriculum. Components of the **fourth year** include: **acting internships, electives, Areas of Concentration**. **Other curriculum design groups** have been meeting to consider **1) student assessment in the clerkships, 2) student assessment in the pre-clerkship experiences, and 3) program evaluation to measure the impact of the new curriculum.**

While methods of teaching at the three institutions may vary, learning objectives and assessment will be uniform across sites. The goal is to provide students with **organized, frequent, formative assessment and feedback**. **Two key principles** of the new clinical curriculum follow: **1) Clerkships need to be held accountable for implementing the agreed-upon learning objectives, and 2) Students need to be accountable for demonstrating mastery of certain skills and knowledge.**

3. **Flexible Program Council Report**

Dr. Kent Smith, Flexible Program Coordinator, noted the continuing popularity of **Type B reading electives**. Plans are in the works for a Year I class meeting to explain both the workings and the scope of the elective system, as Year I students (Class of 2009) may begin taking **Type A electives** in November. Starting with the Class of 2009, there is no longer a Type A elective requirement.

November 10, 2005

1. **Acting Chair Dr. Dan Wolpaw** mentioned that new plans for the Advanced Core originating subsequent to the overview presented at the last CME meeting will be presented at a future CME meeting.

2. **Flexible Program Council Update**
Dr. Kent Smith, Flexible Program Coordinator, reported that 35 students in the Class of 2009 have signed up for **Type A electives**, which are no longer a requirement. The Clinical Mastery program co-director added that five Year I students also expressed interest when surveyed about enrolling in the elective obstetric experience that enables the student to follow a pregnant patient.

3. **Proposal for the Balance of Clinical and Research Electives**
Dr. Terry Wolpaw, Associate Dean for Curricular Affairs, presented a proposal for the balance of clinical and research electives, intended to provide students with more *flexibility*. To meet licensing requirements, students must have a minimum of 72 weeks of clinical activities. While the proposal applies to *all* students—University, College, and M.S.T.P. (Medical Scientist Training Program) students—the MSTP students in particular need increased flexibility. **The new proposal would start with this year’s graduating class** and allow students once they fulfill the 72-week clinical activity requirement to use extra weeks for either clinical or research according to their individual preference.

The following proposal was **approved unanimously**.

PROPOSAL: Balance of Clinical and Research Electives

Students graduating from Case School of Medicine programs—University, College, and MSTP—must have a **minimum of 72 weeks of clinical courses**. The 72 weeks may include the following:

- **Equivalent of 2–6 weeks of *pre-clerkship longitudinal preceptorships* or MSTP tutorials in a clinical setting with *direct patient contact*.**¹
- **48 weeks of core clinical rotations**
- **18–22 weeks of *clinical courses* (electives, selectives, or advanced clinical requirements)**

Once the 72 weeks of clinical courses have been met, the **remainder** of electives/selectives required for graduation may be **either clinical or research-focused**.

¹ Longitudinal experiences can be used to meet the requirements, based on the following **conversion: ten half-days** of longitudinal experiences in a clinical setting with direct patient contact will be **equivalent to one week** of clinical coursework.

4. **Curriculum Renewal**
Faculty and students are urged to attend the **December 7 New Curriculum Update Town Hall Meeting** for an overview of the entire curriculum. **Note new date.**

Dr. David Katz posed questions with regard to 1) *process*, and 2) the **degree of autonomy in block development**. The response that follows from Drs. Wilson-Delfosse, Dan and Terry Wolpaw raised two main points: 1) **Curriculum development has not yet reached the level of detail sought by Dr. Katz**, and 2) **Design teams must work within the *principles and features* already approved by Faculty Council (February 28, 2005) for the new curriculum with the goal of creating a four-year curriculum that is developmental, cohesive, and integrated rather than many individual silos.**

Dr. Katz noted that many changes have been introduced. **What has been mandated and what is still open for discussion? For items still open to discussion, what is the process to decide whether or not they become incorporated into the new curriculum?** Dr. Katz wished to pursue two examples: the extent of PBL use in pre-clerkship curriculum small groups and the assessment of students in the new curriculum.

Specifics have not yet been discussed. There has never been any statement indicating that we will have a PBL medical school.

Dr. Katz inquired: **“Are design teams free to come up with whatever small group format they want?”**

The new curriculum format must be consistent with the **principles and guidelines** already approved by Faculty Council. (See CME Web site: <http://mediswww.cwru.edu/som/cme/pastminutes.html> Select 1/27/05. Click on “Case School of Medicine and Health Guiding Principles and Key Features of the New Curriculum.”) The design teams’ new curriculum design efforts comprise an **“iterative process,”** where design teams are learning and working together to develop methods that best facilitate student learning, retention, and transfer of concepts to other contexts. **Design teams are working together to design teaching/learning methods.**

What one block decides must support what follows. While blocks will not have identical design, they have a responsibility to maintain consistent principles.

Dr. Katz asked, **“Is the design team free to work within the principles as they see fit?”**

“Everyone needs to create a piece that fits in with a logically integrated whole.” Block leaders have been meeting every other week to share ideas and further the planning process as a team.

Dr. Katz questioned whether design teams were “developing a *common* format.”

Design teams are focusing on developing curriculum “*consistent* with the principles.”

What has been established to date for small group teaching includes: 1) the principles and guidelines mentioned above, 2) small groups set tentatively at about 8 students, and 3) that small groups will meet three times a week for a total of about 6 hours. The level of detail that Dr. Katz is asking about has not yet been addressed. Small groups should be interactive and provide a forum that facilitates discussion.

“*Non-expert*” facilitators for small groups are knowledgeable faculty who do not have specialty training in the area being studied. As it would be difficult to assemble 17 specialty-trained preceptors to facilitate small groups, many programs that use small group learning blend experts and non-expert facilitators. All facilitators receive faculty development and meet weekly with course directors to review the goals for the cases to be discussed.

Blocks cannot be separate from each other. Material needs to be “cross-taught” with a “transition zone” from one block to another.

Dr. Katz requested clarification as to whether faculty should be coming up with “*best practices*” for their block and then transform these into guidelines.

The *best practices* should be and will be discussed. **Variations and nuances** in best practices are anticipated **as long as they are consistent with agreed-upon principles and learning objectives**. As for **assessment**, the following are the main principles to date:

1. Assessment should *enable learning*.
2. There should be *frequent, formative* assessment.
3. A decision is needed as to *where* to put in the *summative* assessment markers so as to best help the students learn.

Dr. Katz sought clarification for the **role of the CME** in deciding matters such as assessment and small group format.

The CME focuses on **policy** as opposed to operations. The actual methods used in small groups for each of the blocks would be under the operations category. Overall policy and principles for student assessment would be presented to the CME. Dr. John Mieyal and Dr. Klara Papp are co-leading a committee to develop the overall approach to student assessment.

The Clinical Curriculum Council Chair highlighted **projects for the pre-clinical and clinical curricula**:

- An end-of-Year II OSCE is in planning for both the College and University Program students.
- A group of third and fourth year students has been assembled to provide input for a “bridge” program to prepare students for the clerkships.
- Ongoing design leader meetings for the clerkships
- A Program Evaluation group is deciding how to measure the impact of the new curriculum in terms of whether or not it achieves its goals and objectives. The group’s head, Dr. Klara Papp, will go to the IRB (Institutional Review Board) shortly.

Dr. Papp replaces Dr. Marcia Wile as the Executive Chief Proctor for the NBME.

5. **CCLCM Curriculum Steering Council Update**

Dr. Andrew Fishleder, Cleveland Clinic Lerner College of Medicine Curriculum Steering Council Chair, highlighted the **Neural & Musculoskeletal Sciences Course** report presented to the Curriculum Steering Council. This seven-week Year I course covers a great deal of complex material and continues in the second year. Feedback was highly variable. Based on student feedback and direct faculty observation, some major changes were recommended and approved to improve course structure through better integration of topics, reorganization of weekly theme sequence, incorporation of frequent overviews, and redesign of several seminars.

Dr. Fishleder referred to a few informal guidelines that serve as teaching formats for the College Program: no lectures, all interactive sessions, small groups of 8 to 16 students (the larger number can be used with expert faculty facilitators), and use of different models in seminars.

6. **Update from the Office of Curricular Affairs**

Dr. Terry Wolpaw, Associate Dean for the Office of Curricular Affairs, recently met with Case’s Instructional Technology and Academic Computing (ITAC) team for a presentation on the **new Pachyderm software**, a multi-media platform for organizing materials and clinical cases, offered *free* to everyone by the university. Pachyderm is a user-friendly set of templates helpful in building cases or modules. Dr. Wolpaw is hoping that we will pilot a case or two or a module for independent student learning on Pachyderm by the spring.

Dean Horwitz has approved **financial support** for faculty engaging in **presentations at education meetings**. Modest support is available for presenting papers and posters and for conducting workshops.

7. **Contemporary Educational Themes Update**
Dr. Terry Wolpaw and Dr. Kent Smith highlighted themes from the 13 School Consortium raised at the recent AAMC (Association of American Medical Colleges) meeting on **“best practices:”**
- **“Learning communities,”** or societies
 - **New education buildings**
 - **Professionalism**
 - **Criminal background checks on entering students.** At this stage, there is no uniformity among schools with regard to background check practices.
 - **“Information Technology Age”** themes: “open access”—presenting some of the content online rather than in the classroom and video streaming of lectures
 - **Scholarship** components
 - **Lengthening the fourth year and shortening the first two years**

December 8, 2005

1. **Posters** featuring *weekly themes*, submitted by individual curriculum components at the December 7 Town Hall Meeting/New Curriculum Update Retreat, are displayed in the Student Lounge.
2. **Basic Science Curriculum Council/Curriculum Renewal**
Dr. Amy Wilson-Delfosse, Basic Science Curriculum Council Chair, mentioned the **need for better opportunities to communicate to the students** what is happening, as evidenced by Year I student anxiety over the shortened basic science curriculum needed to accommodate the research thesis requirement. Faculty have been making sensible content reductions all along so that students would *not* be expected to cover the same content in less time.

The **Mastery Exam** will take place **in early January, to determine whether students who failed two subject committees during Semester I were successful in their remediation.** Passing the mastery exam “wipes the slate clean.” Students who do not pass the exam go before the Committee on Students. Remediating students work with a learning specialist, society deans, and subject committee chairs on their *student-directed* plan. With the elimination of the Year I Comprehensive Examination and implementation of the mastery exams, students now remediate in both the first and second years of the basic science curriculum.

Dr. Wilson-Delfosse perceives the following to be a major **challenge: the distribution of some of the *non-organ-system-based sciences*—such as *biochemistry, pharmacology, cell physiology, and neuromuscular control*—across blocks 2 through 6.**

3. **Curriculum Renewal Continued/Clinical Curriculum**
Dr. Dan Wolpaw, Clinical Curriculum Council Chair, mentioned that the **University Program-specific Friday afternoon sessions held at the medical school** will provide opportunities for students to engage basic science learning objectives that *all* students should encounter. Identification of this material must be a collaborative effort involving basic science and clinical faculty and derive from the learning objectives of the Foundations blocks.

Dr Wolpaw distributed a handout providing an **overview of the Advanced Curriculum** (Years III and IV). Components include the four required domains of the **Advanced Core, Acting Internships, electives** and an **Area of Concentration**.

4. **Flexible Program Council Update**
Dr. Kent Smith, Flexible Program Coordinator, mentioned that many students have taken a reading elective to prepare for the USMLE Step 2. Case students also benefit from the Acting Internships and related electives that they take all over the country and throughout the world.
5. **Cleveland Health Sciences Library Update**
Mrs. Virginia Saha, Director of the Cleveland Health Sciences Library, has been attending block leader meetings to get a sense of the more extensive resources needed to support the new curriculum and the numbers of users before she enters into purchasing negotiations. Each block will determine *required* readings and *supplemental* readings. Dr. Nosek is currently developing a database of learning objectives, with every activity pointing to primary resources. The library has taken on an important role in supporting students in their “search and research” endeavors. Attention must be paid to standardization of vocabulary to allow for successful online searches.

January 12, 2006

1. **Demonstration of New eCurriculum Management System**
Dr. Thomas Nosek, Associate Dean for Academic Computing, **Dr. Irene Medvedev**, Director of Academic Computing, and faculty members **Dr. Brian Maddux** and **Dr. Georgia Wiesner** have been working to create exciting new online resources to support the new curriculum. Dr. Nosek met with block leaders for the Foundations of Medicine and Health curriculum in November, and they agreed on the concepts for this unique new resource that **creates, manages, and analyzes the curriculum**. From now until March 1, beta testing will take place to refine the system and determine what additional features need to be added. Dr. Nosek conducted a feature-by-feature demonstration of the **new eCurriculum management system**, which is organized by curricular blocks and driven by learning objectives.

2. **Curriculum Renewal – Basic Sciences**
Dr. Amy Wilson-Delfosse, Basic Science Curriculum Council Chair, mentioned upcoming **case-writing workshops** for faculty conducted by Dr. Alan Neville, the **integration of basic science threads** (cell physiology, neural cell physiology, and pharmacology), and **recruitment and training of facilitators**.

3. **Basic Science Curriculum Council Update**
Dr. Amy Wilson-Delfosse, Basic Science Curriculum Council Chair, announced that the first **Mastery Exam** took place January 6. The new remediation strategy, a short-term plan for the 18-month transition period preceding the new curriculum, applies to the Classes of 2008 and 2009. Any student failing two committees during the semester is required to pass the cumulative Mastery Exam in order to return to good standing for the next semester. If the student does not pass the Mastery Exam, he/she goes before the Committee on Students. A significant amount of work was required of society deans and subject committee chairs, but students seemed most appreciative.

4. **Curriculum Renewal – Clinical Curriculum**
Dr. Lou Binder reviewed progress made in developing the **Advanced Core**. The four domains selected encompass 1) Undifferentiated Care, 2) Chronic Disease Care, 3) Peri-Operative Critical Care and Pain Management, and 4) The Care of Older Adults: Aging in Men and Women. The Advanced Clinical and Scientific Studies making up the Advanced Curriculum include: a) the Advanced Core, b) two required acting internships (AIs), or sub internships, c) a minimum of 12 weeks in an Area of Concentration, with the remainder of the time available for d) clinical and research electives.

5. **Library Update**
Mrs. Virginia Saha, Director of the Cleveland Health Sciences Library, explained that she is working with the Block 1 design team to get an idea of the **types of resources needed** and the **search skills necessary** for students in accessing print and electronic materials at this early point in their medical education.

January 26, 2006

1. **Basic Science Update/Curriculum Renewal**
Dr. Amy Wilson-Delfosse, Basic Science Curriculum Council Chair, mentioned the well-received **case-writing workshops** led by **Dr. Alan Neville** of McMaster University on January 23 and 24. **Cases are key in that they drive identification of the learning objectives that students will need to master. Dr. Neville advised faculty to write each case so that students cannot move forward until they define that particular need.**

2. **Basic Science Update/Basic Science Curriculum Council**
Dr. Wilson-Delfosse focused on the recent **Mastery Exam**, as the CME had requested a mid-year review of the new process. January 6 marks the first time that the Mastery Exam had been given. It serves as a remediation program for the Classes of 2008 and 2009 with emphasis on student responsibility for learning. Students taking the exam felt it was fair and enabled them to move forward. The January 6 exam was scheduled so that students could devote their two-week break to study. Future scheduling will guarantee from one-to-two weeks when class is not in session as a study period. Along with serious study by the students, the efforts of society deans and subject committee chairs contributed to the success of the exam.

3. **Flexible Program Council Update**
Dr. Kent Smith, Flexible Program Coordinator, mentioned that Case students are focused on meeting the 72-week minimum of clinical courses required for graduation. Thirty-five first year students (Class of 2009) have signed up for Type A electives for the first period in the now voluntary program. A large number of fourth year students have done reading electives to prepare for the USMLE Step 2.

4. **CCLCM Curriculum Steering Council Update**
Dr. Andrew Fishleder, Cleveland Clinic Lerner College of Medicine Curriculum Steering Council Chair, highlighted the **Foundations of Clinical Medicine Year I Course Review**. Course components focus on clinical skills and improving student confidence in the patient encounter. Students enter data into the patient log system, an electronic journal of patients seen by the student, which becomes part of his/her ePortfolio. Student feedback was very positive, indicating satisfaction with this first year clinical experience. In response to student feedback and direct faculty observation, minor course changes were recommended and approved. Faculty development will continue to promote consistency among preceptors.

Dr. Fishleder next presented the **Year II summer Clinical Research Block Course Review**. Overall, the five-component course was well-received by the students, with clinical epidemiology seminars and journal club highly rated. Based on course evaluations and suggestions from student focus groups, minor changes are planned for next year, including re-ordering and streamlining seminars to free up afternoons for clinical research and re-assessment of assigned workload to prevent compromising clinical research time.

5. **Overview of the Year I Patient-Based Program**
Dr. Dan Wolpaw, Clinical Curriculum Council Chair, highlighted patient-based programs in Year I. **RAMP**, short for **Rotating Apprenticeships in Medical Practice**, began this fall. While evaluation results are still being analyzed, general feedback has been very positive. The **longitudinal**

preceptorship, is currently getting underway. Faculty response has been very good, and the program is nearing the number of clinical opportunities needed to accommodate the entire Year I class. Every student will be matched with a preceptor and actively participate in patient care at the same clinical site once a week for a three-to-four hour period. The goals are to:

1) practice/implement the clinical skills learned in Physical Diagnosis and Communications skills training, 2) participate in a patient-centered experience, and 3) develop a continuing relationship (continuity-of-care) with patients. Student experiences will be recorded and reflected on in an electronic patient log. The second part of Year I **Physical Diagnosis** offers students opportunities to work with specialty clinics. Students will do a series of four regional exams on real patients under the guidance of a specialist in that area.

6. **New Curriculum Update**

Dr. Terry Wolpaw, Associate Dean for Curricular Affairs, provided an update on **Student Assessment in the New Curriculum** for the *University* Program. Student Assessment principles were formulated by the work group expressly to be consistent with the curriculum principles promoting 1) student responsibility for learning and self-assessment, 2) use of educational methods to stimulate active interchange between students and faculty, 3) development of students into physician scholars, and 4) achievement of the goals of the School of Medicine (critical thinking and inquiry, scholarship, life-long learning, and obligations to society).

The CME accepted by consensus the Principles for Student Assessment in the University Program—after incorporating suggestions made by members at the meeting—as the official record.

The next step is to define the core competencies for the University Program and to decide on operational definitions and benchmarks for each.

Dr. Altose introduced the topic of **oversight of the new curriculum** by mentioning that the Dean established the **Curriculum Monitoring Council (CMC)** to serve in conjunction with the CME. While the CME oversees curricular **policy**, the *Curriculum Monitoring Council*, under the auspices of the Vice Dean, has *operational* oversight for the *University* Program. The Curriculum Monitoring Council was established as a broad overview committee to meet LCME accreditation standards for curriculum management at an LCME-accredited school of medicine. The CMC is a mechanism to improve programs on an ongoing basis rather than wait for formal program evaluation results that could take up to ten years. Every block will report to the CMC prior to implementation of the new curriculum and again when the curriculum is in effect. The CMC will report regularly to the CME.

February 9, 2006

1. **Curriculum Renewal**

Dr. Terry Wolpaw, Associate Dean for Curricular Affairs, presented Case's proposed new **USMLE Step 1 Requirements Policy** for both University and College students to gather input from CME members. A revision of current Case policy was perceived as necessary due to the new clerkship/research structure and the increasingly clinical nature of the USMLE Step 1. The policy focuses on procedural issues, such as timing of the exam, petitioning to delay sitting for the exam, and actions resulting from failing to pass the exam on different attempts. Discussion focused on flexibility in scheduling to accommodate students who take the USMLE more than once.

The motion to approve the USMLE Step 1 policy with some revisions in wording passed. The policy will be forwarded to the Faculty Council for consideration.

2. **Flexible Program Council Update**

Dr. Kent Smith, Flexible Program Coordinator, mentioned that Case receives many requests from students outside the university wishing to enroll in Type B electives, such as Pediatrics at Rainbow, Dermatology, Anesthesia, Family Medicine, Orthopedics, ENT, Radiation Oncology, Ob/Gyn, Neurology and medical subspecialties. Case also receives many requests from students about Complementary and Alternative Medicine electives.

3. **Library Update**

Mrs. Virginia Saha, Director of the Cleveland Health Sciences Library, has been working with Dr. Tom Nosek and Dr. David Kaelber designing sessions for medical informatics instruction in Block 1, which will cover not only literature search skills but also patient records conforming to HIPPA regulations and genomics. The addition of more electronic resources is planned. A new trial was added this month for *Faculty of 1000 Biology*, a new online search service. Mrs. Saha has recently completed negotiations for online Case access to the *Journal of the American Medical Association*.

4. **CCLCM Curriculum Steering Council Update**

Dr. Andrew Fishleder, Cleveland Clinic Lerner College of Medicine Curriculum Steering Council Chair, highlighted the Year I **Basic & Translational Research Block Course Review**, comprised of Fundamentals of Molecular Medicine, Journal Club, and Research Lab. This is the second year that this summer course has been officially reviewed before the CSC. Overall, student feedback was very positive with minor changes suggested to enhance the course for the coming year.

February 23, 2006

1. **Dr. Michael Rosen**, a general surgeon from University Hospitals, replaced appointed CME member Dr. Jeffrey Ponsky.

2. The **USMLE Step 1 requirements policy**, passed at the February 9 CME meeting, will be circulated for review pending consideration of a suggestion that students meet with the Committee on Students after their *second* failure rather than wait until their third failure.
3. **Basic Science Curriculum Council Update**
Dr. Amy Wilson-Delfosse, Basic Science Curriculum Council Chair, highlighted changes pertaining to semi-cumulative Mastery Exam remediation for the Classes of 2009 and 2008: 1) *Mastery Exam Block 2* has been divided into two separate blocks, and 2) Identification in a *longitudinal* committee no longer counts as part of the two-committee identification mandating Mastery Exam remediation. **The CME approved the Mastery Exam remediation policy changes by consensus.**
4. **Clinical Curriculum Council Update**
Dr. Dan Wolpaw, Clinical Curriculum Council Chair, **moved** that the CME **waive the October 31, 2006 deadline for completion of all core clerkships by the Class of 2007** (approved at the March 24 CME meeting). This request pertains to the transition year for current Year III students in order to accommodate those students who have yet to take the psychiatry, neurology, and Ob/Gyn rotations. **The motion passed unanimously.**
5. **Flexible Program Council Update**
Dr. Kent Smith, Flexible Program Coordinator, announced that to date there have been no failures among the scores reported for the USMLE Step 2 CS (Clinical Skills). January 31 was the deadline for all Case students to take the USMLE Step 2 CS. Dr. Smith presented an informal listing of schools represented by visiting students who take fourth year electives here.
6. **Curriculum Renewal Update**
Dr. Terry Wolpaw, Associate Dean for Curricular Affairs, presented the agenda for the **annual medical education retreat** taking place **March 3** at HealthSpace Cleveland.

Dr. Wilson-Delfosse announced that most Foundations blocks are currently involved in case writing with Dr. Alan Neville of McMaster University and Dr. Susan Cymbor of the Cleveland Clinic acting as consultants. Blocks 1 through 7 are working on the hour-by-hour weekly template.

Dr. Dan Wolpaw described the *University Program “Friday afternoon” basic science correlations and enhanced Clinical mastery development components* held at the School of Medicine for *all* students participating in **Basic Core Blocks I or II** at all three affiliated sites.

Dr. Terry Wolpaw provided an update on plans for **preceptors and small group leaders** for the new curriculum. Small groups of 9 to 10 students will

meet for two-hour sessions three times a week: Monday, Wednesday, and Friday. Dean Horwitz has promised support for small group teaching for Foundations small group preceptors and clinical faculty in the core clerkship blocks.

7. **Research and Scholarship Update**
Dr. Claire Doerschuk, Associate Dean for Medical Student Research, highlighted progress to date on the five components of the **medical student research and scholarship program**: i) Foundations of Research and Scholarship (weekly one-hour seminar starting in August of Year I and lasting through February of Year II exposing students to research programs/questions and faculty mentors), ii) **elective 8-week mentored summer research opportunity** following Year I (includes Crile fellowships), iii) **required four-month mentored research block culminating in a thesis** (March – June of Year II, July – October of Year III, or November – February of Year III), iv) **elective research opportunities in Year IV**, and v) a **fifth year in research**.

8. **Information Technology and Library Update**
Mrs. Virginia Saha, Director of the Cleveland Health Sciences Library, mentioned that Dr. Nosek is testing the database of learning objectives on Block 1 tomorrow. Course managers are in charge of the block templates. There has been no final decision on **key word** strategy. **All residents at UH, Metro, and St. Vincent now have Case staff status, and consequently, have access to all Case and OhioLINK electronic journals and other electronic resources.** A **training session** for about 15 residents from the UH Department of Dermatology at the Media Center in the School of Nursing will take place in early March, a project Mrs. Saha hopes one day to take “on the road.”

March 9, 2006

1. **USMLE Step 1 Requirements Policy Revised**
After consideration of input from Dr. Christ Brandt, Committee on Students chair, the **CME approved by consensus** that students who do not pass the USMLE Step 1 on their **second** attempt will meet with the Committee on Students (CoS) for the University Program or with the Medical Student Promotions and Review Committee (MSPRC) for the College Program. This revision applies to the policy approved by the CME on February 9.

2. **Basic Science Curriculum Council**
Dr. Amy Wilson-Delfosse, Basic Science Curriculum Chair, mentioned Year I student focus group approval of the **modification of the Mastery Exam block schedule**, approved at the February 23 CME meeting.

3. **New Curriculum Update**
Dr. Terry Wolpaw, Associate Dean for Curriculum Affairs, praised the numerous individuals contributing to the **March 3 education retreat** and

repeated Dean Horwitz's commitment to **small group teaching**, as the recruitment of case-based small group preceptors gets underway. Dr. Altose recalled the impressive presentation on the **eCurriculum management system** recently given by Dr. Tom Nosek and Mrs. Ginger Saha.

4. **Clinical Curriculum Council**

Dr. Dan Wolpaw, Clinical Curriculum Council Chair, mentioned that the upcoming **Year II OSCE** for University students will take place at the Skills and Simulation Center at the end of April. The Year II OSCE for College students will place at the end of March. Dr. Wolpaw distributed **Advanced Core learning objectives** for each of the four four-month-long experiences. Planning is underway for "**Bridge Week**," a program designed to help students from both the University and Clinic programs with the transition from the pre-clerkships to the clerkships this July.

5. **Information Technology Update**

Dr. Thomas Nosek, Associate Dean for Academic Computing, announced successful finalization of the **eCurriculum Management System**. Learning objectives and the activities associated with them are posted online. The first of four interactive instructional sessions on Medical Informatics for the new Block 1 has been created. All items in the eCurriculum Management System are contained in a database and any desired reports on the data can be generated by the system.

6. **Library Update**

Mrs. Virginia Saha, Director of the Cleveland Health Sciences Library, is anticipating a huge resource load for the new curriculum—whether print, electronic, or both—and the needed licensing arrangements. OhioLINK is working on acquiring licensing for *AccessMedicine* (a collection of McGraw Hill texts). Health Science librarians are currently working with the design leaders, impressing faculty with both the amazing resources and their teaching skills.

March 23, 2006 **Cancelled**

April 27, 2006

1. **Comments from the Vice Dean**

Dr. Robert Daroff, Interim Vice Dean, mentioned that he and Dean Horwitz discussed the new curriculum with board member and School of Medicine alumnus, Dr. Gregory Eastwood, who becomes Interim President of the university June 2.

2. **Introduction to the Mount Sinai Skills and Simulation Center**

Dr. Kathleen R. Rosen, Director of the Mount Sinai Skills and Simulation Center, provided a brief overview of the use of medical simulation in the new Case curriculum. Simulation is "*the representation of* the operation or

features of *one process* or system *through* the use of *another*.” **Technical** simulation can be used to teach **procedures** and **skills** via *screen-based* simulation, *task trainers* (partial-task manikins), and *manikins*. **Non-technical** simulation can be used to teach **communication, professionalism, and decision making** via *role play, scripted role play, video vignettes, standardized patients, and virtual reality*. The highest degree of success comes from *mixing* different methods of simulation (**hybrid teams**). Medical simulation **applications** can be used for **education, evaluation, patient safety, and crisis resource management**.

3. **New Curriculum Update**

Dr. Amy Wilson-Delfosse, Basic Science Curriculum Council Chair, provided the following update on curriculum renewal:

- **Textbooks** for the first 18 months of the new curriculum are being considered with the intent to consolidate recommendations into a “user-friendly” number for students.
- All blocks are involved in **writing cases**, with consultant Dr. Alan Neville of McMaster University returning to Case soon.
- Representatives from the **NBME** are coming in mid-June to work on a cumulative **basic science examination** that students will take after each block of the new curriculum.
- In mid-May three Case faculty will attend a **PBL workshop at McMaster University**.

Dr. Wilson-Delfosse presented the basic **student assessment template** laid out by Dr. Klara Papp at the Curriculum Monitoring Council:

- Relevant **multiple-choice questions and answers** from the medical school’s secure question banks will be released to students on a weekly basis for *formative* purposes.
- Students will be given a total of 20 **synthesis essay questions** per block. Two of these will be assigned each week, with the requirement that one be turned in. However, it will be in the student’s best interest to reflect on both. At the end of the block, from three-to-five of the synthesis questions will be *summative*, appearing as *derivatives* (not in their original form) of the 20 questions.
- A *cumulative* test will be composed of *retired* **USMLE Step 1 multiple-choice questions**, with some questions for blocks referring back to content from previous blocks. This test will occur at the end of the block and will be *formative*.
- During their first 6 blocks, students will be assessed in **small groups** by their preceptor on the basis of *participation, preparedness, and professionalism*. *Clinical skills* will be assessed in clinical mastery learning activities.

The student will provide evidence/documentation via some kind of portfolio mechanism that he/she has achieved the required benchmarks for the six blocks.

Recruitment of teaching faculty by the Office of Curricular Affairs has been proceeding sequentially, with the focus on Blocks 1, 2, and 3 at the present time. However, faculty have signed up for every block. Two-to-three faculty can share small group representation in each block. For teaching purposes, a block is ten weeks, not twelve. Faculty have the option of teaching for five weeks, as each block can be divided into two successive five-week units.

4. **Flexible Program Council Update**

Dr. Kent Smith, Flexible Program Coordinator, announced **two new Type B electives: Acting Internships (AIs)** in 1) Anesthesia at MetroHealth Medical Center, and 2) Pediatric Nephrology at Rainbow, University Hospitals. With the “softening” of the inpatient experience in the new clinical cores, AIs are required to be “inpatient, intensive, and team-based” (the student as a member of a ward team).

May 11, 2006 **Cancelled**

May 25, 2006

1. **Curriculum Renewal**

Dr. Amy Wilson-Delfosse, Basic Science Curriculum Council Chair, first highlighted developments in the *current* curriculum. She has been working with a **focus group of students from the Class of 2009** to examine **feedback mechanisms**. The student desire to meet with the committee chair *before* the committee starts materialized into a “**feed-forward**” session, already successfully piloted in Fundamentals of Therapeutic Agents and in Mechanisms of Infection II. This introductory session improves communication with the students by 1) affording them the opportunity to express concerns and anxieties, as well as 2) providing a venue to make faculty aware of important areas that they might have overlooked.

Under *new curriculum update*, Dr. Wilson-Delfosse explained that the **Curriculum Monitoring Council (CMC)** meets one and one-half hours twice a month to hear presentations on accomplishments/plans for two different blocks or other elements of the new curriculum. Dr. Altose listed presentations that have already taken place.

Dr. Wilson-Delfosse recapped various **assessment** formats, **starting with the Class of 2010**, for measuring student progress in the **Foundations of Medicine and Health**: 1) Synthesis Essay Questions (SEQs) and *Summative* Synthesis Essay Questions (SummSEQs), 2) *formative* Multiple-Choice Questions (from the Case School of Medicine test question bank and from the National Board of Medical Examiners (NBME) secure test item bank—the latter contained in a series of Cumulative Achievement Tests developed for Case), and 3) Case Inquiry Group assessment measuring non-cognitive small group performance. A remediation plan has not yet been designed for students failing the SummSEQs and thereby failing the block. Each student

will prepare a **summary portfolio** of evidence for the *summative core competency reviews* taking place **after Block 3, Block 6, and mid-fourth year**. This is a detailed review comparing the student's achievement in 9 competencies with established benchmarks (expectations).

2. **CCLCM Curriculum Steering Council Update**
Dr. Andrew Fishleder, Cleveland Clinic Lerner College of Medicine Curriculum Steering Council Chair, summarized four course reports: 1) **Year 2 Neural and Musculoskeletal Sciences**, 2) **Year 2 Endocrinology and Reproductive Biology**, 3) **Year 1 Cardiology, Pulmonary, Hematology**, and 4) **Year 1 Renal**. Course directors report to the CSC indicating 1) student-perceived strengths and areas needing improvement as rated in student course evaluations, and 2) specific suggestions resulting from student feedback and faculty observation to improve the course for the coming year. This approach to curriculum improvement implements the CQI (continuous quality improvement) process.
3. **Flexible Program Council Update**
Dr. Kent Smith, Flexible Program Coordinator, noted that student participation in the voluntary **Type A elective program** decreased as the year progressed and recommended giving some thought to creative solutions to restore the initial high level of interest.
4. **New Business**
CME member, **Dr. David Preston**, initiated 1) a discussion focusing on the recent elimination of the **Office of Academic Computing** in the midst of trying to implement the new curriculum, and 2) a request that the CME take action to correct this situation. Discussants expressed serious concerns for maintaining electronic support services critical to implementation of the new curriculum, the urgency of timing, the lack of an announcement articulating an alternative when the decision was made, and the need for electronic support via a medical school department rather than handled at the university level. Dr. Altose distinguished two objectives: 1) documentation of the CME's concerns for the official record, and 2) person-to-person contact to bring about action. The following **motion passed unanimously**:

The Committee on Medical Education expresses grave concerns about the elimination of the Office of Academic Computing and the capacity of the School of Medicine to implement the new curriculum without sufficient electronic infrastructure support. The CME urgently requests articulation of an explicit plan to address academic computing or reversal of the decision in absence of such a plan.

June 8, 2006

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

Dr. Murray Altose, CME Chair, introduced IT guests invited to address concerns raised at the May 25 meeting prompted by the sudden change from medical school departmental computer support to central university computer support.

Dr. Dan Ornt, Associate Dean for Clinical Affairs, attributed the decision to consolidate operations for Academic Computing via Central university computing as of July to academic and educational budgetary issues in the School of Medicine. While working with Dr. Lev Gonick, Dr. Irene Medvedev will remain at the School of Medicine to focus 100% of her time on the new curriculum. The online patient log system, developed collaboratively, will be expanded to include both the College and the University Program starting this July. Another change this year: medical students need to select and buy their own laptop. The School of Medicine has offered three different choices, including a Mac.

Dr. Lev Gonick, Vice President for Information Technology Services and Chief Information Officer, explained the *context* of the decision to use Central IT for academic computing at the medical school. Approximately one year ago, the decision was made to collaborate in the Audio Visual area. "Central" currently runs AV in the School of Medicine. The consolidation has not only been cost-effective but worked well for the School of Medicine's needs. This same type of central support will now be applied to computing needs for the new curriculum. Dr. Wendy Shapiro has a background in Instructional Design and she will serve as senior management.

Asked for their perceptions on how the new management has been going, **Drs. Dan Wolpaw, Terry Wolpaw, and Amy Wilson-Delfosse** felt that the transition has been going well and noted no impairment of IT services. Delays have been attributed to faculty, who are clarifying their ideas for the new curriculum, and not the IT staff.

Dr. David Preston offered a different perspective. He believes that the medical school benefited from a great system under Dr. Tom Nosek's leadership. Dr. Preston expressed doubts about the timing of this decision, the budgetary savings, the additional effort needed to "reinvent the wheel," and the lack of transparency. Dr. Preston wished to go on record as calling for immediate reversal of the decision to eliminate the School of Medicine's Office of Academic Computing.

In later discussion, Dr. Gonick explained that the reorganization should have no impact on the services offered the students.

Dr. Altose spoke for the CME in asking the IT representatives for assurance that the different tasks required will be done in a timely manner with a high level of quality.

Dr. Altose summarized the gist of the discussion: Dr. Gonick has expressed confidence in the new IT infrastructure by assuring a timely, high quality delivery and addressed issues of concern raised by some of the faculty. It will be up to the CME to hold the IT leadership accountable to avoid Dr. Preston's predictions.

Dr. Irene Medvedev explained that the remaining programmers are so few in number and not all requirements for the new eCurriculum are available as of now. She expressed concerns about creating the full first version of the eCurriculum in time. This same group of programmers has to provide support for the second and fourth year students as well. While they cannot develop anything new for these students, Dr. Medvedev has shown faculty how many possibilities they already have.

Dr. Ornt felt that the reality of available resources requires prioritization to ensure that things run smoothly and that we can add on when possible.

Dr. Altose invited the IT leadership to explain progress in the following areas at the June 22 meeting: 1) Block 1, 2) clinical component, and 3) assessment.

2. **Cleveland Health Sciences Library Update**
Mrs. Virginia Saha, Director of the Cleveland Health Sciences Library, stressed the importance of submitting textbooks and journals required by individual blocks in a timely manner. Mrs. Saha is attempting to find resources to purchase books and site licenses to support the new curriculum. In a sincere effort to be fiscally responsible and reasonable in determining a list of required resources that students need to purchase for the block, faculty members are currently meeting to discuss the merits of different texts with the intent to agree wherever possible on one basic text strong in a few areas to take the place of multiple texts. Mrs. Saha emphasized her need to have time to check the availability of electronic and print editions of requested resources.

June 22, 2006

1. **Dr. Murray Altose** chaired the final CME meeting of the 2005-2006 academic year.
2. **Update on the Status of Academic Computing**
Dr. Dan Ornt, in his capacity as Associate Dean for Clinical Affairs, introduced **Dr. Wendy Shapiro** to present an overview of the genesis of the School of Medicine/Central Computing relationship and **Dr. Irene Medvedev** to demonstrate the basic structure for the new eManagement System

(electronic curriculum). **Dr. Dan Wolpaw** provided an informal overview of the patient log initiative. Dr. Ornt announced that for the coming year, students will buy their own computers, selecting from a choice of three types of systems: Dell, Toshiba, and Mac.

3. **Basic Science Curriculum Council Year-End Report**

Dr. Amy Wilson-Delfosse, Basic Science Curriculum Council Chair, summarized both strengths and specifics for improvement of major projects: a) **Remediation Plan**, effective August 2005 for the Classes of 2008 and 2009, and b) **Student Feedback**, including creation of the **Feed-forward Program**, piloted and adapted for the Class of 2009 in August 2005. The Basic Science Curriculum Council will be involved in transition for the next half-year between the new and old curricula. **February 2007 will mark completion of the transition to the new curriculum.**

4. **Clinical Curriculum Council Year-End Report**

Dr. Dan Wolpaw, Clinical Curriculum Council Chair, reviewed accomplishments new this year. **Foundations of Clinical Medicine** (formerly known as the Fundamentals of Clinical Mastery), includes the **patient-based programs (Rotating Apprenticeships in Medical Practice—“RAMP,”** and the **Community Preceptorship—“CPCP”); Clinical Skills (Communications and Physical Diagnosis);** and Tuesday morning **Foundations of Clinical Medicine Seminars** (formerly known as SCP). Dr. Wolpaw provided updates on the development of the new **End-of-Year II OSCE** for the Lerner College of Medicine, **Clinical Immersion** week for the Year I University Program curriculum, new **core clinical rotations (clerkships), Bridge Week, electronic patient logs,** newly designed **NBME progress test, faculty development on improving observation and feedback skills, Friday afternoon Basic Science Correlation** sessions, **Area of Concentration,** and **Advanced Cores,** which become available in March 2007.

5. **Two Year-End Reports from the Associate Dean for Curricular Affairs**

Office of Curricular Affairs Update

Dr. Terry Wolpaw addressed how each of the seven goals of the mission of the **Office of Curricular Affairs** has been addressed to date: curriculum revision; support services; assessment/evaluation; teacher/learner development (creation of CAML—Center for the Advancement of Medical Learning—thanks to a gift from alumnus Tom Graber, M.D.); faculty/student scholarship and research opportunities with dissemination of findings; commitment to quality improvement; and seeking external funding to enable the piloting and development of educational innovations.

Progress Report on the New Curriculum

The Curriculum Working Paper, prepared by the Faculty Working Group of the Dean's Policy Steering Committee in February 2005, serves as the guide for design and implementation of the new curriculum for the University Program. Dr. Wolpaw listed accomplishments during the 2005-2006 academic year in the following designated areas: the five major components comprising the new Case School of Medicine and Health curriculum; student assessment/program evaluation; electronic syllabus; curriculum monitoring (creation of Curriculum Monitoring Council) and ongoing revision; faculty development (workshops led by consultants Dr. Alan Neville of McMaster University on student-centered small group learning, and Dr. Mark Gelula from the University of Illinois at Chicago on interactive medium- and large-group teaching) and financial support (creation of Professional Spending Accounts for Case Inquiry Group facilitators and Clinical Learning Group facilitators).

Lois Kaye
Secretary to the CME