Case Western Reserve University – University Program Medical School

Block 1: Action Plan <u>2020-2021</u>

Year 1 (July – May) 2020-2021

Becoming A Doctor	2 Weeks Anatomy Bootcamp	**The Human Blueprint**	**Food to Fuel**	**Homeostasis**
Block 1 (5 Weeks)		Block 2 (11 Weeks)	Block 3 (9 Weeks)	Block 4 (14 Weeks)
Population Health, Epidemiology, Biostatistics, Health Disparities		Endocrinology, Reproduction, Development, Genetics, Molecular Biology, Cancer Biology	Gastroenterology, Nutrition, Biochemistry	Cardiovascular, Pulmonary, Renal, Cell Physiology and Pharmacology
Field Experiences Assessment Week		Integrative Week Assessment Week	Assessment Week	Clinical Immersion Week Assessment Week
Structure (GARLA and "Systems and Scholarship")				
Foundations of Clinical Medicine (Tuesday Seminars, Communications, Physical Diagnosis, Patient Based Experiences)				

1. **<u>Course Description:</u>**
   Block 1, Becoming a Doctor, provides an understanding of population health and the role of the physician in society. At CWRU SOM, the first five weeks of the curriculum focus on how physicians act as advocates for patients in health care systems; how social and environmental factors impact health and the value and importance of population health. Students are introduced to the city of Cleveland as their first patient and provided with historical and social context for the epidemiological distribution of disease as well as examples of how community organizations contribute significantly to community health. Through a variety of experiential and longitudinal learning experiences, students are introduced to five core disciplines: Epidemiology and Biostatistics, Bioethics, Population Health, Health Determinants and Health Systems Science. The block also initiates students' life-long learning in medicine, developing competency in Research & Scholarship, Reflective Practice,

Teamwork and Interprofessional Collaboration, Patient Care, Knowledge for Practice, Professionalism, Interpersonal & Communication Skills, Personal and Professional Development and Systems-Based Practice.
During Block 1 students are also introduced to content from longitudinal Blocks 7 (Structure) and 8 (Foundations of Clinical Medicine). These sessions are addressed in separate block action reports.

2. **Block Co-Leaders:**

Block Co-Leader: Vanessa Maier, MD, MPH
Block Co-Leader: Karen B. Mulloy, DO, MSCH
Course Manager: Deidre Gruning
Field Experience Manager: Kurtis Hoffman

3. **Design Team:**

Epidemiology and Biostatistics Section Lead: Doug Einstadter, MD, MPH
Bioethics Section Lead: Mahwish Ahmad, MD, MPH
Population Health Section Lead: Vanessa Maier, MD, MPH
Health Determinants Section Lead: Karen B. Mulloy, DO, MSCH
Health Systems Science Section Leads: Johnnie Rose, MD, PhD, Monica Yepes-Rios, MD, Mamta Singh, MD
TTE: Population Health (Pandemic): Vanessa Maier, MD, MPH
TBL Population Health: Vanessa Maier, MD, MPH
TBL Health Determinants: Karen Mulloy, DO, MSCH
TBL Health Systems Science: Johnnie Rose, MD, PhD
IQ Health Determinants: Timica Campbell, MD
IQ Health Systems Science: Quality Improvement, Brook Watts, MD, MS
IQ Health Systems Science: Chronic Disease Management, Jessica Donato, MD
IQ Health Systems Science: Preventive Medicine, Prakash Ganesh, MD, MPH
Field Experiences: Ellen Luebbers, MD
Panel Discussion: Health Determinants, Implicit Bias, Joseph Williams, MPA
Panel Discussion: Health Determinants, Adverse Childhood Experiences, Lisa Ramirez, PhD
Panel Discussion: Health Systems Science, Heidi Gullett, MD, MPH
Panel Discussion: Population Health, Heidi Gullett, MD, MPH
Book Discussion: Karen B. Mulloy, DO, MSCH

4. **Block Goals:** Please fill in the table below for your Block Goals.

Competency and Definition	Education Program Objective (EPO)	Block Goals Block 1	Recommended Changes
Knowledge for Practice Demonstrates knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences as well as the application of this knowledge to patient care	Demonstrates ability to apply knowledge base to clinical questions Demonstrates appropriate level of clinical and basic science knowledge to be an effective starting resident physician	Provide a strong epidemiology and biostatistics foundation to support effective application in clinical practice and interpretation of the scientific literature.	none
Knowledge for Practice Demonstrates knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences as well as the application of this knowledge to patient care	Demonstrates ability to apply knowledge base to clinical questions Demonstrates appropriate level of clinical and basic science knowledge to be an effective starting resident physician	Illustrate effective means to measure, understand, and affect the health of populations.	none

Competency and Definition	EPO	Block 1 Goals	Recommended Changes
Knowledge for Practice Demonstrates knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences as well as the application of this knowledge to patient care	Demonstrates ability to apply knowledge base to clinical questions Demonstrates appropriate level of clinical and basic science knowledge to be an effective starting resident physician	Provide a basis for understanding social, behavioral, structural, and environmental determinants of health	none
Knowledge for Practice Demonstrates knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences as well as the application of this knowledge to patient care	Demonstrates ability to apply knowledge base to clinical questions Demonstrates appropriate level of clinical and basic science knowledge to be an effective starting resident physician	Provide a broad understanding of health system science.	none
Knowledge for Practice Demonstrates knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences as well as the application of this knowledge to patient care	Demonstrates ability to apply knowledge base to clinical and research questions Demonstrates appropriate level of clinical and basic science knowledge to be an effective starting resident physician	Provide a framework for understanding the implementation of bioethical principles in the practice of public health, population health, health systems science and clinical medicine	None

Competency and Definition	EPO	Block 1 Goals	Recommended Changes
Common to all Blocks			
Knowledge for Practice Demonstrates knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences as well as the application of this knowledge to patient care	Demonstrates ability to apply knowledge base to clinical and research questions Demonstrates appropriate level of clinical and basic science knowledge to be an effective starting resident physician	Recognize and analyze ethical problems in clinical medicine and biomedical research using the principles of autonomy, beneficence, nonmaleficence and justice.	none
Teamwork & Interprofessional Collaboration Demonstrates knowledge and skills to promote effective teamwork and collaboration with health care professionals across a variety of settings	Performs effectively as a member of a team	Develop and practice the knowledge and skills that promote effective teamwork across a variety of settings	none
Professionalism Demonstrates commitment to high standards of ethical, respectful, compassionate, reliable and responsible behaviors in all settings, and recognizes and addresses lapses in behavior	Commonly demonstrates compassion, respect, honesty and ethical practices Meets obligations in a reliable and timely manner Recognizes and addresses lapses in behavior	Understand and practice the behaviors of an ethical, respectful, compassionate, reliable, and responsible physician.	None

Competency and Definition	EPO	Block 1 Goals	Recommended Changes
Interpersonal & Communication Skills Demonstrates effective listening, written and oral communication skills with patients, peers, faculty and other health care professionals in the classroom, research and patient care settings	Uses effective written and oral communication in clinical, research, and classroom settings Demonstrates effective communication with patients using a patient-centered approach Effectively communicates knowledge as well as uncertainties	Understand and demonstrate effective communication skills for learning and clinical practice environments.	none
Research & Scholarship Demonstrates knowledge and skills required to interpret, critically evaluate, and conduct research	Analyses and effectively critiques a broad range of research papers Demonstrates ability to generate a research hypothesis and formulate questions to test the hypothesis Demonstrates ability to initiate, complete and explain his/her research	Analyze, critique and present research studies from the primary literature.	none

5. **In the grid below, please list the specific course changes you made this year based on last year's report**.

Based on last year's report, we did not anticipate making significant changes to the curriculum. However, in response to the global pandemic and specific suggestions and feedback provided since the last report, the curriculum has undergone significant changes, summarized below.

What changes were made 2019-2020?	**How did the changes work?**	**What would you like to change next year 2020-2021?**
The Block was transitioned to an on-line delivery because of Covid-19 pandemic	There was a steep learning curve for all faculty and staff to complete this transition. We were fortunate to have guidance from the Block 4 leadership to help with this transition.	Continue with the format if still indicated. Hopefully will be able to return to the HEC campus and deliver in person.
IQ Cases: IQ cases transitioned to the virtual platform. Cases were updated with learning objectives and resources to more effectively align with stated course goals. Facilitator guides were updated with more content to assist facilitators in overseeing certain tasks, such as developing a root cause analysis. Some in-person events were structured to align with IQ content to provide IQ groups an opportunity to connect in-person. The groups were kept to the same 4 person sub-group to lessen the possibility of exposure to the corona virus and to allow for contact tracing.	IQ was very well received in the virtual platform, with 89% of students rating the effectiveness of IQ as "very good" or "excellent" IQ facilitator's comments reflected that they appreciated the case updates. The student's feedback was positive but they also indicated that they would have liked to have a variety of small groups to be able to get to know more people that just their IQ group.	If there is need to continue the on-line format will continue the in-person IQ sub-group sessions. If there is not a need for the on-line structure will evaluate whether the IQ group discussion on the field experiences and the discussion in the first case will continue outside of the usual IQ session.
Lectures: All lectures transitioned to a virtual platform. Lecture content was significantly updated to reflect current events and changes within disciplines. Several lecturers leveraged polling to improve audience participation.	Zoom fatigue was a significant obstacle for virtual lectures with only 50% of students rating the effectiveness of lectures as "very good" or "excellent". This was an improvement from last year (47%)	If we anticipate a virtual option next year, we may consider a continued decrease in the amount of content delivered in lecture format. Lectures could be shortened, transition to panel discussions or other more

Lecturers responded to participant chat questions at the time of the lecture and some in written format after the lecture which were then posted to Canvas in the discussion tab. Lecture on environmental health was transitioned to include more real world examples. Dr. Darcy Freedman of the CWRU Swetland Center shared the lecture time with Dr. Will Bush.	but decreased from the previous year of 60%. Exceptions were Epidemiology and Biostatistics and Dr. Rose's lectures on health care systems lectures which reliably receive positive feedback from students. Lecture rated well by students.	interactive formats. Work with faculty to use polls and other interactive techniques. Lectures could also be pre-recorded to allow students to watch them at their own pace to reduce fatigue. Will continue to work on bringing in more examples on how environmental health is a SDH.
Team-Based Learning: TBLs transitioned to a virtual platform. The Climate Change TBL was modified based on the student feedback from last year and was entirely based on working with a concept map. The new TBL had more content on applying solutions to the concept map. The Health Systems Science TBL was significantly updated to reflect the pandemic. The students had to apply public health practices between countries and analyze what country might be better prepared to meet the challenges of the pandemic.	Virtual TBLs proved to be more technically challenging than virtual IQs. This is reflected in student feedback with only 45% of students rating the effectiveness of TBLs as "very good" or "excellent" This is most likely a result of significant technical challenges due to the necessity of multiple break out rooms and multiple transitions.	If we anticipate a virtual option next year, we will work with Utech to identify more effective methods of assigning and moving participants and facilitators between and within breakout rooms.
Panel Discussions: Transitioned to virtual platform. Joe Williams took over the Health Determinants panel with an excellent panel discussion on implicit bias in medical education, panelists including Robert Solomon, Vice-President of the Office of Inclusion, Diversity and Equity Opportunity.	Panel discussions did not get exceptional global feedback with only 45% of students rating the effectiveness of panel discussions as "very good" or "excellent" However, many students listed the panel discussions as the highlight of the block and many suggested	We will continue to engage high-impact community and faculty members on pertinent and timely topics pertaining to Health Determinants, Health Systems Science and Population Health as described below.

Also new this year, Dr Lisa Ramirez led our Health Determinants panel discussion on Adverse Childhood Experiences. with panelists including Edward Barksdale, MD, Division Chief, Pediatric General and Thoracic Surgery, Habeebah Grimes, Chief Executive Officer, Positive Education Program and Brittany Pope, Director of Applied Clinical Sciences and Research, Ohio Guidestone Heidi Gullet continued to lead our Population Health panel discussions focused on key contributors to the Health Improvement Partnership -Cuyahoga focused on reducing racism as a public health determinant, as well as our Health Systems Science panel featuring Christin Farmer, Executive Director of Birthing Beautiful Communities who significantly updated the discussion to include key elements of structural racism and reproductive justice.	"have more panels" as a way to improve the block.	
Book Discussion: This year's book discussion underwent significant changes. The book discussions were held in-person with 2nd year student facilitators. We were honored to welcome virtually Dr. Mona Hanna-Attisha, author of "What the Eyes Don't See: A Story of Crisis, Resistance, and Hope in an American City" describing her role as a physician, scientist and activist in exposing the Flint water crisis. Dr.Aparna Bole, pediatric faculty and chair of the American Academy of Pediatrics Council	Only 35% of students rating the effectiveness of book discussions as "very good" or "excellent" However, an overwhelming number of students sited Dr. Mona Hanna-Attisha's discussion as the highlight of the block. The response to the "Biased" book discussion was ambiguous, as expected. Student facilitator	We will continue to engage the Student National Medical Association and the Latino Medical Student Association leadership at CWRU in planning the book discussion for 21-22.

on Environmental Health was the moderator to discuss the role of the physician in environmental justice. In addition, in response to student suggestion and request of Student National Medical Association and the Latino Medical Student Association leadership at CWRU, we included a second book discussion this year. Students read Dr. Jennifer Eberhardt "Biased: Uncovering the Hidden Prejudice That Shapes What We See, Think, and Do" Students met in-person in small groups to discuss the physician role in environmental and racial justice. Discussions were supported by student facilitators.	feedback was that the conversations were appropriate and meaningful. Had wanted to arrange training for the student facilitators for the book BIAs, but were unable to make those arrangements in the short amount of time.	Depending on the choice of book(s) this year we will see is we are able to have book facilitator training.
Field Experiences: All field experiences went completely virtual. Kurtis Hoffman worked tirelessly with community partners to ensure fidelity to the experience with a virtual platform. Drs. Lubbers, Mulloy and Maier significantly updated the learning objectives and resources to more effectively align with stated course goals. Dr. Maier re-recorded the Field Experience introductory video to reflect the change to a virtual experience.	Only 49% of students rated the effectiveness of field experiences as "very good" or "excellent" However, an overwhelming number of students sited field experiences as the highlight of the block. The virtual platform posed significant challenges and we were exceedingly grateful to our community partners for their willingness to continue to provide this experience for students virtually.	We will continue to review individual student feedback on each field experience site and work directly with community partners to align the experience with stated goals and learning objectives.
Tabletop Exercise: The pandemic preparedness exercise transitioned from a pandemic influenza scenario to a pandemic coronavirus scenario and became an all-virtual experience.	We were pleased to offer a new platform for students to analyze the effectiveness of a combined clinical medicine and public health response to a pandemic from the perspective of four separate	If we anticipate a virtual option next year, we will work with Utech to identify more effective methods of assigning and moving participants and facilitators between and within breakout rooms.

A separated design team convened to update the experience that included students and faculty from government and media relations, infectious disease, bioethics and public health as well as local community organizations. New partners were engaged in this process including Bill Lubinger, Vice President, Media Relations, Julian Rogers, Executive Director, Government Relations, Tony Peebles, Director of Diversity Advancement, Corporate Relations, Dr. Lynn Millner, Medical Director, Cleveland Department of Public Health, Dr. Sherrie Williams, Cuyahoga County Board of Health, Dr. Julia Bruner, MD, Medical Director, Correctional Health, Cuyahoga County Dr. Jeffrey Luk, Director, Prehospital and Disaster Medicine, University Hospitals Cleveland Medical Center, Elizabeth Kirby, Superintendent, Cleveland Heights-University Heights School District and Dr. Tony Minor, Director of Advocacy, Lutheran Metropolitan Ministry	populations responding to COVID, as well as engage new community partners in the experience. However, the zoom platform was overwhelmed by over 220 medical and physician assistant students as well as over 40 student, faculty and community facilitators. This was reflected in student feedback with only 18% of students rating the effectiveness of the virtual tabletop exercise as “very good” or “excellent” However, several students sited the experience as the highlight of the block. Specific written feedback sited technology obstacles and that the experience was too short and should have been longer than the dedicated 4 hours.	Work with Dr. Scott Frank, the author of the pandemic exercise, who has rewritten the exercise to reflect COVID and be a virtual exercise and has piloted it recently with a group of graduate students.
Epidemiology and Biostatistics: Dedicated a section of the Introduction to the Block to describe evidence based medicine and the EBIQ process.	67% of students rated the integration of Epidemiology and Biostatistics as “very good” or “excellent” There was some confusion among some IQ facilitators and students about how EBIQ worked.	The design team will continue to work closely with Dr. Croniger to align critical appraisal and EBIQ with stated Epidemiology and Biostatics objectives. Will work with peer handoff and facilitator training on how EBIQ process works in IQ.
Population Health: Dr. Maier updated various aspects of the Population Health curriculum to reflect the growing requirements to align clinical medicine and public health initiatives,	Although there were significant challenges with virtual content delivery, 84% of students rated the	Population Health is an evolving field. Dr. Maier has been working with colleagues locally and nationally who

the most significant example being the updates to the pandemic preparedness exercise as described above.	integration of Population Health as “very good” or “excellent”	are developing new and innovate ways to teach population health.
Health Determinants:	85% of students rated the integration of Health Determinants as “very good” or “excellent”	Continue to weave in the issues about health determinants within all aspects of the Block 1 curriculum.
Health Systems Science: We were pleased to welcome Dr. Monica Yepes-Rios and Dr. Mamta Singh as new section leads for Health Systems Science. Dr. Rose significantly updated the Health Systems Science TBL as described above as well as his Health Legislation and Health Insurance lectures to reflect current changes in health legislation and policy.	68% of students rated the integration of Health Systems Science as “very good” or “excellent”	Dr. Rose will continue to update the content and delivery of the Health Systems Science curriculum particularly as the federal health policy landscape continues to rapidly change as described below. We are excited to work with Monica Yepes-Rios and will be looking to identify another section lead for Health Systems Science with the transition of Mamta Singh.
Bioethics: We were pleased to welcome Dr. Mahwish Ahmad as the new section lead for Bioethics and grateful for her significant contributions to updating the Bioethics curriculum. She has brought a new and engaging perspective to the teaching of Bioethics and responsible for significantly updating lecture and integrated content.	71% of students rated the integration of Bioethics as “very good” or “excellent”	Dr. Aaron Goldenberg will be the Bioethics lead for 21-22 and will update the content and delivery of the Bioethics curriculum. This will include an integration of the ecological fallacy into an IQ case.

6. What changes do you anticipate making to the Block next year (AY 2020-2021)?

	Proposed changes for 2020-2021
IQ Cases	Drs. Maier and Mulloy are working with Dr. Goldenberg to incorporate the ecological fallacy construct into an IQ case. Drs. Maier, Mulloy and Campbell have been working with student Lloyd Chen to integrate Reproductive Justice constructs into the Health Determinants case. This group plans to collaborate with Alana Garrett-Ferguson from the Cleveland chapter of New Voices for Reproductive Justice. Work with Dr. Croniger and the medical students to participate in the IQ Diversity project that will add robust, randomly assigned patient identities to all IQ patients in Block 1. Need to have specific instructions on EBIQ process during orientation and facilitator training.
Lectures	Lecturers will continue to update content to reflect current events and changes within disciplines. We will work with lecturers to improve lecture material, i.e. using polling and other forms of audience participation.
Team-Based Learning	Drs. Mulloy and Maier are working with Dr. Lydia Furman on integrating the First Year Cleveland perspective into the Population Health TBL to focus on content regarding racial disparities and to update the lead case. Norming exercise to be incorporated into orientation week.
Panel Discussion	Update all panel discussions and consider adding additional panel discussions to improve the interactive learning experience.
Book Discussion	We will discuss whether to maintain the two book discussions in Block 1 with design team. Dr. Mulloy will continue to engage the SNMA and the LSMA leadership to incorporate constructs of racism and racial justice into book discussions in Block 1. We would like to provide “train the trainer” workshops for faculty to support students who would like to gain skill in facilitating conversations about racism and support incorporating anti-racist and racial justice into various aspects of the curriculum. We will continue to investigate mechanisms to assist in this way.
Field Experiences	We need to be prepared that the Field Experience may need to remain virtual again next year. We will continue to evaluate possibility of engagement with new community

	partners including the MetroHealth School Health Program, Better Health Partnership, New Voices, American Lung Association, Preterm, Lead Safe Cleveland Coalition among others.
Population Health (Pandemic) Tabletop Exercise	Dr. Maier will continue to work with the Pandemic Tabletop design team including Dr. Scott Frank, Director of Public Health Initiatives, Dr. Erin Lamb, Humanities Pathway Lead, Dr. James Kazura, Professor Global Health and Vaccinology, Tony Peebles, Director of Diversity Advancement, Julian Rogers, Executive Director Local Government Relations and Bill Lubinger Vice President of Media Relations to optimize the experience for students.
Epidemiology and Biostatistics	Dr. Maier and Dr. Mulloy will continue to work with Dr. Einstadter and Dr. Croniger to identify innovative ways of incorporating Epidemiology and Biostatistics concepts into the IQ cases, TBLs, TTE, Panel Discussion and Field Experiences
Population Health	Dr. Maier is working with Dr. Kaminski, Program Director of the Population Health curriculum at Thomas Jefferson University's College of Population Health on specific programmatic initiatives to incorporate into the Population Health curriculum.
Health Determinants	Dr. Mulloy will collaborate with Dr. Aparna Bole to evaluate and improve upon the environmental health sciences lectures.
Health Systems Science:	Drs. Mulloy, Maier and Rose will be evaluating the HHS curriculum and recruiting a new section co-leader. Work with the new HHS Assistant Dean.
Bioethics:	As described above, Drs. Maier and Mulloy will work with Dr. Goldenberg to incorporate the ecological fallacy construct into an IQ case.

7. **What successful, innovative components of your block are best practices that you would like to share with the other Blocks?**

IQ groups, TBLs and Field Experiences continue to be successful at assisting students in integrating complex concepts. Last year we began an iterative process of aligning goals with learning objectives and elements of assessment. We felt the training we received from the evaluation team to ensure synthesis essay questions assessed analytical skill and aligned with goals and objectives was instrumental in developing balanced assessments. We would encourage other Blocks to similarly engage with the assessment team if they have not already.

8. **What specific changes (lectures, TBL, IQ cases, other) do you plan to make to the course next year?**

Changes anticipated for next year	Reason for changes (evidence)
Update significantly Toni Jackson IQ case	To better reflect the issues on reproductive justice and the SDH.
Revamp Environmental Health Lectures	To better reflect the changes in the science including climate change and to improve upon the students understandings of the link to SDH.
New population health TBL to be written	Need to update the scientific issues discussed.

9. Please review your Block objectives. Have you added or deleted major concept areas to your Block?

Deletions	Additions
none	none

10. Describe how faculty teaching quality was reviewed for your block. What faculty development opportunity was offered in response to student feedback?

Content-specific Block 1 evaluations are reviewed by the Block 1 Design Team annually. Individual faculty evaluations are reviewed by the Block 1 Leaders who directly address specific concerns with individual faculty when necessary. We provide annual Team Based Learning training to Block 1 faculty and facilitators. Individual IQ facilitator training and feedback is handled separately by the IQ evaluation team. All Block 1 faculty are encouraged to participate in the Center for Advancement of Medical Learning professional development workshops. Block 1 design team members receive annual training on writing learning objectives and assessments based on Bloom's taxonomy.

11. Response to PEAC Report

No new recommendations from PEAC were received since the report referenced in the 2018 Block 1 Action Plan.

Drs. Gullett and Mulloy presented follow-up data in response to the original PEAC report from August 25, 2015, on December 10, 2018. They presented a detailed response to the prior PEAC report in the form of a 7-page document and question/answer session with the PEAC committee.

12. Academic Productivity

Drs. Mulloy, Wilson-Delfosse and Gullett received a 2020 Scholarship in Teaching Award for the project "Development of Innovative Curriculum on Climate Change for 1st Year Medical Students" based on the development of the Climate Change TBL.

Dr. Mulloy submitted a manuscript "Mapping Climate Change Using TBL for Active Learning" to Medical Education. However, the manuscript was not accepted. A longer manuscript is being prepared based on results of two years of evaluations.

13. Challenges

The global SARS-Cov2 pandemic posed significant challenges to the delivery of the Block 1 curriculum. Transitioning to a virtual platform presented many technological, social and emotional challenges for students, faculty and staff. Many students commented that they appreciated the opportunities integrated into the curriculum to meet safely face-to-face. However, there was also ambivalence regarding these meetings with several students questioning their legitimacy and safety during a global pandemic.

14. Acknowledgements:

Block 1 core disciplines of Bioethics, Population Health, Health Determinants and Health Systems Science encompass continually evolving and developing fields of study, and we are tremendously grateful to the tireless commitment of our Block 1 design team and core faculty for continually updating and adjusting both content and delivery. Doug Einstadter deserves special recognition. Although there may not be significant change year-to-year in the basic content of his lectures, the countless hours of his commitment to overseeing the entirety of our Epidemiology and Biostatistics curriculum over the past multiple decades, with interjected humor and never-wavering support for students, is truly remarkable.

Block 1 has seen numerous transitions in course managers over the past few years and we want to provide special recognition for the work of Julie Schneider last year and her efforts in supporting Deidre Gruning to successfully transition into her role. And what a transition it was! Deidre has been the foundation of our pandemic response transition to the virtual platform and has gone above and beyond to ensure that this was as smooth a transition as possible. Her knowledge and understanding of the complexities of the curriculum and her strong organizational and executive skills were essential in the delivery of Block 1 this year and we cannot thank her enough.

Huge thanks also go to Kurtis Hoffman who was instrumental in maintaining relationships with our community partners during the transition to virtual field experiences. Without his high level of organization and timely response to all our community

partners with the utmost of professionalism and sensitivity, the field experiences, a critical component of Block 1, simply would not have been possible.

We also thank Celinda Miller for her tremendous work in coordinating the IQ experiences and extend huge thanks and congratulations to the entire Utech team including Paul Salzgeber and Megan Slabach for rising to the challenge and adeptly managing the complexity of the virtual platforms. We would also like to thank Klara Papp, Yifei Zhu, and Michelle Mumaw and the entire assessments team for added assistance in helping to frame new specific evaluation questions. We remain so grateful for the tremendous teamwork that is necessary for the students to have an optimized learning experience in Block 1.

Block 1: Becoming a Doctor				
General Block Aspects				
Block Components	2017-18** %	2018-19	2019-20	**2020-21**
Effectiveness of IQ cases	85	76	87	**89**
Effectiveness of Lectures	61	61	47	**50**
Effectiveness of Team-based learning (TBL)	63	57	51	**45**
Effectiveness of Panel Discussion	--	--	--	**45**
Effectiveness of Book Discussion	--	--	--	**35**
Effectiveness of Field Experiences	--	--	--	**49**
Effectiveness of Remote Tabletop Exercise (Pandemic)	--	--	--	**18**
Overall quality of this Block	78	72	67	**57**
Block Concepts/Integration of Block Concepts and Longitudinal Themes				
Epidemiology and Biostatistics*	63	74	67	**87**
Population Health*	78	87	84	**65**
Social Determinants of Health & Health Disparities	93	96	96	**--**
Health Determinants*	--	--	--	**85**
Health Systems Sciences*	80	78	65	**68**
Gross Anatomy***	65	67	78	**--**
GARLA	--	--	--	**55**
Histopathology	85	70	91	**70**
Bioethics	83	76	80	**71**

*The rating scale has been changed from "Well" or "Very Well" to "Good" or "Excellent" in AY 17-18

** The rating scale was "Good" or "Excellent"

***In AY 2019-20 Gross Anatomy/Radiology