

Case Western Reserve University – University Program Medical School

Block VI: Action Plan 2020-2021

1. Course Description:

Block VI (2020-2021) covered Ophthalmology, ENT, Neurology, Neuroscience, Mind, Addiction Medicine, and Bioethics. Block VI is the final course that M2 students take before starting their clerkships.

2. Block Co-Leaders (2020-2021):

Maureen W. McEnery, PhD, MAT (Block leader)

Wei Xiong, MD - Neurology

David Friel, PhD - Neuroscience

Andrew Hunt, MD, MHA – Mind

Ted Parran, MD - Addiction Medicine

Stuart Youngner, MD - Bioethics (retiring June 2021)

Andrew Crofton, PhD - Neuroanatomy

Darin Croft, PhD - Head and Neck anatomy

Yasemin Sozeri, MD – Ophtho

Todd Otteson, MD - ENT

3. Design Team:

Krishan Chandar, MD Department of Neurology

Matt Newton, MD Department of Psychiatry

Jennifer Brandstetter, MD Department of Psychiatry

Rajeet Shrestha, MD Department of Psychiatry*

Erum Ahmad, MD. Department of Psychiatry

Susan Stagno, MD Department of Psychiatry

Matthew Anderson, MD Department of Psychiatry

Neil Bruce, MD Department of Psychiatry

* will be co-leader for Mind in 2021

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

Competency and Definition	Educational Program Objective (EPO)	Block Goals Block VI	Recommended Changes
<p>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</p>	<p>Demonstrates ability to apply knowledge base to clinical and research questions</p> <p>Demonstrates appropriate level of clinical and basic science knowledge to be an effective starting resident physician</p>	<p>Achieve an understanding of the normal structure and physiology of eyes, ears, nose, and throat and conclude with an understanding of the pathological, congenital and acquired processes which negatively impact ophthalmologic and ENT function.</p>	<p>None</p>
<p>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</p>	<p>Demonstrates ability to apply knowledge base to clinical and research questions</p> <p>Demonstrates appropriate level of clinical and basic science knowledge to be an effective starting resident physician</p>	<p>Review the common clinical disorders of the human nervous system and their pathophysiology while using normal anatomic-functional relationships to pinpoint the site of disease involvement in the nervous system.</p>	<p>None</p>

<p>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</p>	<p>Demonstrates ability to apply knowledge base to clinical and research questions</p> <p>Demonstrates appropriate level of clinical and basic science knowledge to be an effective starting resident physician</p>	<p>Learn the basic cellular, molecular, biochemical and pharmacological processes that contribute to normal and abnormal neuronal function throughout the life-span of the individual.</p>	<p>None</p>
<p>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</p>	<p>Demonstrates ability to apply knowledge base to clinical and research questions</p> <p>Demonstrates appropriate level of clinical and basic science knowledge to be an effective starting resident physician</p>	<p>Learn the clinical presentation, diagnosis, and multimodal treatment of psychiatric disorders, as well as underlying pathophysiology and theories regarding complex etiology.</p>	<p>None</p>
<p>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</p>	<p>Demonstrates ability to apply knowledge base to clinical and research questions</p> <p>Demonstrates appropriate level of clinical and basic science knowledge to be an effective starting resident physician</p>	<p>Learn the integrated biopsychosocial elements of human mental function and their application in clinical psychiatric practice, and the general practice of medicine.</p>	<p>None</p>

<p>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</p>	<p>Demonstrates ability to apply knowledge base to clinical and research questions</p> <p>Demonstrates appropriate level of clinical and basic science knowledge to be an effective starting resident physician</p>	<p>Recognize the signs and symptoms of substance use disorder using a biopsychosocial model in order to make an accurate diagnosis, referral and plan; Demonstrate respectful language and communication.</p>	<p>None</p>
<p>Common to all Blocks:</p>			
<p>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</p>	<p>Demonstrates ability to apply knowledge base to clinical and research questions</p> <p>Demonstrates appropriate level of clinical and basic science knowledge to be an effective starting resident physician</p>	<p>Recognize and analyze ethical problems in clinical medicine and biomedical research using the principles of autonomy, beneficence, nonmaleficence and justice.</p>	<p>None</p>
<p>Teamwork & Interprofessional Collaboration Demonstrates knowledge and skills to promote effective teamwork and collaboration with health care professionals across a variety of settings</p>	<p>Performs effectively as a member of a team</p>	<p>Develop and practice the knowledge and skills that promote effective teamwork across a variety of settings.</p>	<p>None</p>

<p>Professionalism Demonstrates commitment to high standards of ethical, respectful, compassionate, reliable and responsible behaviors in all settings, and recognizes and addresses lapses in behavior</p>	<p>Commonly demonstrates compassion, respect, honesty and ethical practices</p> <p>Meets obligations in a reliable and timely manner</p> <p>Recognizes and addresses lapses in behavior</p>	<p>Understand and practice the behaviors of an ethical, respectful, compassionate, reliable, culturally competent, and responsible physician.</p>	<p>None</p>
<p>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</p>	<p>Uses effective written and oral communication in clinical, research, and classroom settings</p> <p>Demonstrates effective communication with patients using a patient-centered approach</p> <p>Effectively communicates knowledge as well as uncertainties</p>	<p>Understand and demonstrate effective communication skills for learning and clinical practice environments.</p>	<p>None</p>

<p>Research & Scholarship Demonstrates knowledge and skills required to interpret, critically evaluate, and conduct research</p>	<p>Analyses and effectively critiques a broad range of research papers</p> <p>Demonstrates ability to generate a research hypothesis and formulate questions to test the hypothesis</p> <p>Demonstrates ability to initiate, complete and explain his/her research</p>	<p>Analyze, critique and present research studies from the primary literature.</p>	<p>None</p>
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5. In the grid below, please list the specific course changes you made this year based on last year's report.

(outside-the-grid comments) With the unprecedented changes in the curriculum and its delivery due to Covid-19 pandemic, Block VI anticipated and was very attentive to 1) the need to keep students actively engaged, 2) the opportunity to include new content, 3) the challenge to coordinate and integrate existing content, 4) learning/evaluating best practices from the Blocks that preceded us.

<p>What changes were made 2020-2021?</p>	<p>How did the changes work?</p>	<p>What would you like to change next year 2021-2022?</p>
<p>Block VI lost two weeks previously used for Ortho and then gained one week to include and schedule new Ophtho and ENT content. This was accomplished by including this content in Week 1.</p>	<p>The new ENT and Ophtho content was generally well received.</p>	<p>We plan on keeping them.</p>

<p>Block VI began with a 2 hr framing lecture that introduced all content areas to create expectations and establish broad goals.</p>	<p>Probably did not need to be so long.</p>	<p>Plan on shortening to 1 h this year.</p>
<p>Extending beyond week 7, Block VI lost 5.5 hrs of contact time with the distribution of hours to FCM. The consequence of this was the removal of the two lectures in human sexuality from the Block VI curriculum, the lecture on sleep, a lecture on spinal cord. Other content was condensed.</p>	<p>Seemed to work well, but is difficult to evaluate.</p>	<p>Continue the same.</p>
<p>Alignment of all neuro content, as well as the ENT and Ophtho with Head and Neck Anatomy GARLA sessions. This was a major goal from last year.</p>	<p>Seemed to work well. However, some of the lectures might be better placed closer to the neurology content.</p>	<p>The framing ENT and Ophtho lectures and the IQ cases will remain in Week 1; other lectures will be rescheduled.</p>
<p>We clarified the neuroanatomical structures the students will be held accountable for when tested on the exam.</p>	<p>Seemed to work well.</p>	<p>Continue the same.</p>
<p>We converted all in-person TBL to a ZOOM TBL. We leveraged the basic science faculty as content experts in the Neurotransmitter TBL session, which took place via Zoom.</p> <p>We also relied upon the UH Neurology Residents for the Stroke and Brain Stem TBLs.</p>	<p>The significant increase in the faculty for the neurotransmission TBL was well received.</p>	<p>We may be able to continue to ask those faculty to be involved if possible as we transition back to in-person TBLs.</p>

<p>We added a new IQ case on brachial plexopathy to emphasize the importance of this content and also increase student engagement.</p>	<p>Students commented on how this content expanded upon information from Orthopedics in Block 5.</p>	<p>Continue the same.</p>
<p>The series of epilepsy related lectures was reorganized.</p>	<p>The student feedback was improved from last year.</p>	<p>Continue the same.</p>
<p>We modified a TBL to focus on suicide risk assessment, to exclude the homicide risk.</p>	<p>We focused on suicide risk assessment as it is a skill set that physicians in all disciplines should be aware of.</p>	<p>None</p>
<p>We added an additional 4 lecture hours for addiction medicine as well as 6 total hours for IQ case #21, making a full week focused on addiction medicine.</p>	<p>The additional time allowed for a more thorough teaching of key basic science and clinical concepts in addiction medicine.</p>	<p>Continue with a full week dedicated to addiction medicine. Discussion of the SUD IQ case will be expanded to 4 hours, from last year's two hours.</p>
<p>We worked to coordinate messaging on block objectives for psychiatric lectures, reiterating expectations for learning throughout the block.</p>	<p>These changes were well-received, based on general feedback, with scores for lecture and general block increasing:</p> <p>General Psychiatry 3.6 to 3.9</p> <p>Lecturers 3.2 to 3.8</p>	<p>We will continue to do work on coordinating the block lectures, and making sure that each lecturer addresses the learning objectives for the block. We will ask lecturers to particularly address neuroscientific content, pharmacology content, stigma, disparities, and social determinants of health in lectures.</p>
<p>We revised the PNES IQ Case to be better coordinated with Neurology, more succinct, updated PQs, and improved</p>	<p>These changes were generally well-received, based on improved scores for the IQ cases. 3.5 to 3.8</p>	<p>We will continue to revise IQ cases for succinct, well-aligned text and PQs. We would also like to enhance PQs involving neuroscience</p>

the alignment of the narrative with the probing questions.		content, pharmacology content, and social context factors. We would like to add an additional IQ Case on Borderline Personality Disorder, with particular focus on DBT, Co-morbid Conditions, Self-Injury, and Stigma.
We revised the PTSD TBL to make questions more provocative of discussion and true-to-form of psychiatric clinical reasoning.	These changes were generally well-received, based on improved scores for the PTSD TBL: 3.5 to 3.7	We will continue to revise content with respect to being more clearly aligned with overall block objectives to demonstrate psychiatric clinical reasoning in context.

6. What changes do you anticipate making to the Block next year (AY 2021-2022)?

The alignment of ENT and Ophtho with Head and Neck Anatomy GARLA sessions was a major goal for 2020-21. However, we are revisiting the use of the first week. Block VI will begin with a 50 min framing lecture (instead of two 50 min lectures) that will introduce all content areas to create expectations and establish broad goals. We will move the Dr. Morgan and Dr. Walker lectures from week 1 into the neurology section. These changes free up three hours to set up neuroanatomy for the rest of the block. These changes will offer the opportunity to emphasize normal anatomy in week 1 and, so, use it as a foundation for the subsequent lectures. Drs. Crofton and Croft will evaluate. Dr. Crofton is considering using time in this first week of Block VI to introduce dissection activities that will include the brain. (Note, this is the week before Thanksgiving and the PGY3 neurology residents will not have joined Block VI yet.)

Given the high ratings of the UH Neurology Residents and UH Psychiatry residents as content experts and instructors during the IQ and TBL sessions, we will continue to use them during these activities, which we anticipate will return to the 2 large TBL rooms in the HEC.

Using the Block VI schedule and the GARLA 'structure list' as a guide to the sequence in which important neuroanatomical structures and pathways are introduced to the students. We will also make an effort to ensure that these same concepts are also emphasized in the lectures and the weekly IQ cases. We hope to take advantage of the expertise of faculty members who have made suggestions regarding enhanced instruction in neuroanatomy to assist in this special project, and are investigating how the SOM might credit these faculty members for their contributions to the block.

In order to support IQ Cases, we will provide an additional lecture discussing diagnosis and treatment of Somatic Symptom Disorders. We will also provide a Psychopharmacology Lecture to compare and contrast the various classes of medications used in psychiatry, and highlight important complications in medication management. We will revise current content of lectures, IQ Cases and TBLs to align with block objectives, especially neuroscientific basis of illness and treatment mechanisms of action, as well as stigma, cultural competency, and disparities in psychiatric outcomes. Finally, we will create an additional IQ Case addressing Borderline Personality Disorder, with particular focus on Dialectical Behavioral Therapy, Co-morbid Conditions, Self-Injury, and Stigma.

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

Block VI section leaders meet weekly throughout the year to review the curriculum, student feedback, and the IQ cases. Guests are invited as needed. This practice establishes rapport and helps to define common goals. Including Dr. Croft and Dr. Crofton in our design team has helped establish continuity and reduce redundancy in the Block VI and Block VII curricula.

The TBLs in the neuro section complemented the weekly IQ cases. The PGY3 Neurology residents, as facilitators in IQ groups, contribute content expertise particularly in the clinical realm. A pre-session training opportunity for residents is critically important in this model, i.e. incorporating residents into IQ and small group learning activities, could be applied to other Blocks. The rating was 4.8 (4.6).

We utilize a multidisciplinary approach for psychiatry and addiction medicine and instruct based on a biopsychosocial model of illness. Excellent clinical care in any field of medicine must take into account psychological and social factors if disparities are to be eliminated, and excellent care is to be delivered universally. This integrative approach could be expanded to other blocks.

8. a. What specific changes (lectures, TBL, IQ cases, other) did you make to the course this year?

Changes from last year	Reason for changes (evidence)
See above.	Covid-19 pandemic
<p>New lectures and IQ cases on Ophtho and ENT were introduced in week 1.</p> <p>New IQ case on brachial plexopathy was introduced in week 3.</p>	<p>More coverage for common diseases; responsive to request that accompanied the changes in Block 5 and Block VI last year; increased opportunity for active learning</p> <p>More coverage for a common neurologic disease; content revisits materials presented in Block 5;</p>

	increased opportunity for active learning
Neurotransmitter lecture was expanded from two hours (delivered in person) to three hours (delivered in Zoom).	Additional time dedicated to important foundational information.

b. What specific changes (lectures, TBL, IQ cases, other) will you make to the course next year?

Changes for next year	Reason for changes (evidence)
WR2 approved the use of Wed/Thurs/Friday for the week of Jan 3 for Block VI. We can use that Thurs due to the extra vacation day on Mon Jan 3.	Maintain the opportunity for active learning (2 IQ cases/week)
TBLs will revert to the 90 students/room format for Stroke and brain stem activities	Increased opportunity for active learning
TBL may revert to the 90 students/room format for Neurotransmitter activity.	Students were very positive about small group discussions with the TBL facilitators.
MIND IQ cases will be reviewed and revised to be more concise, more unified with the overall curriculum, and more aligned with LOs. We will also focus on race and ethnic diversity as factors in health disparities.	Feedback from students who felt cases were too long for allotted time, felt the curriculum lacked unifying threads. Feedback that individual case narratives were not well aligned with LOs and failing to identify health disparities pertaining to race and diversity.

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

Deletions	Additions
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Orthopedics	Alignment with H&N anatomy
	ENT
	Ophthalmology
	Brachial plexopathy

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

Each faculty received individual feedback, and our section was reviewed by students as a whole.

We will continue to do TBL training for our faculty going forward in order to train new faculty and to refresh this pedagogical method for those who have already used it. When we do this, we carefully review the content of the TBL to see if any improvements can be made.

11. Response to PEAC Report:

Block VI did not meet with PEAC this year; our detailed responses to the 2016 PEAC recommendations are attached to the 2019 Action Plan. The general advice was to increase the opportunities for active learning. We addressed this by increasing the number of IQ cases and maintaining the same number of TBLs.

12.

a. Longitudinal Data:

Percentage of Students who rated “Very Good” or “Excellent”

Block 6: Cognition, Sensation and Movement				
General Block Aspects				
Block Components	2017-18 %	2018-19 %	2019-20 %	2020-21 %
Effectiveness of IQ cases	81*	71*	63*	70*
Effectiveness of large group lectures	75*	62*	61*	71*
Effectiveness of the TBL	63	47*	64*	60*
Overall quality of this Block	84	76	71	76
Block Concepts/Integration of Block Concepts and Longitudinal Themes				
Psychiatry	84	69	60	73
ENT	--	--	--	52
Ophthalmology	--	--	--	61
Neurology/Neuroscience	83	73	79	76
Addiction Medicine	--	76	76	85
GARLA	--	--	52	61
Histopathology	67	71	74	57
Bioethics	68	67	62	66

*The percentage is based on the average ratings of Neurology, Psychiatry, ENT, Ophthalmology and Addiction Medicine in this Block.

Scale changed since 2018-19 from “Good or Excellent” to “Very good or Excellent”

b. Just in time TBL feedback

We consider that due to the unusual circumstances surrounding the way TBLs were conducted last year, feedback from students in the class of 2023 for these sessions is not particularly useful for future refinements in live TBLs. For example, inefficiencies in switching between breakout rooms received many comments, we think justifiably, but we don’t anticipate the use of breakout rooms in TBLs next year.

13. Changes in resources for next year?

Resources will be reviewed; as of now, no major changes in resources. We are making an effort to expand the resources to those that can be accessed electronically.

14. Acknowledgements:

Ms. Nivo Hanson is gratefully acknowledged for all of her work, her initiatives, and the significant effort taken on behalf of Block VI. Nivo was a kind and competent guide for the students and the faculty during this trying year and everyone is grateful for her patience and direction.

Ms. Yifei Zhu is gratefully acknowledged for her timely attention to our requests for feedback and Just in Time data and her expert preparation of the reports.

Michele Mumaw, PhD, Interim Director of Student Assessment, and Ms. Kathy Dilliplane, Assessment Administration Specialist, are gratefully acknowledged for their expertise and support. Block VI had many students who did not meet expectations and there was an unexpected amount of work that was required to sort through the grades and their distributions among the various questions.

A special acknowledgement to Ms. Celinda Miller and the numerous colleagues who participated as Block VI IQ facilitators. The sense of maintaining normalcy under these trying times kept this ship on course.

Stuart Youngner, MD, the Bioethics section leader, will be retiring this month. Block VI is grateful to have had the opportunity to work with him these past years and acknowledges Stuart's eloquent and insightful revisions of the Block VI curriculum, with special attention to the IQ cases.

Finally, Block VI wants to thank the community of medical educators for your suggestions and advice.