Case Western Reserve University – University Program Medical School

Block 8: Action Plan 2021-2022

Year 1 (July – May)

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)

Year 2 (August- March)

Summer Break (10 weeks)	Host Defense & Host Response	Cognition, Sensation & Movement	Step 1 Study (6-8 weeks)
	Block 5 (13 Weeks)	Block 6 (14 Weeks)	
	Immunology, Microbiology, Hematology, Oncology, Infectious Diseases, Rheumatology, Dermatology	Neurology, Mind, Musculoskeletal	
	Assessment Week	Integrative Week Assessment Week	

Structure (GARLA and "Systems and Scholarship")

Foundations of Clinical Medicine (Tuesday Seminars, Communications, Physical Diagnosis, Patient Based Experiences)

Block 8 Mission, Vision and Goals

Mission

To support each student's professional identity formation as an individual, and as part of a team.
To support the development of each student's foundational clinical skills and emotional intelligence to be effective in their professional role.
To support the development of skills for collaboration with patients, colleagues and communities.
To use an integrated longitudinal approach within the medical school curriculum to meet the program goals.

Goals

Facilitate the lifelong transformation from student to doctor, focusing on the doctor/patient relationship, on the roles of the physician in systems and in society, on professionalism and leadership, and on clinical skills.

Vision

Upon graduating CWRU medical students will be reflective and mindful in practice grounded in relationship centered care, demonstrating humanism and sensitivity to the needs of all patients, in particular the medically vulnerable, and informed by systems thinking. As change agents these future physicians will commit to life-long learning while maintaining clinical excellence.

1. **Course Description:**

Block 8 – Foundations of Clinical Medicine (FCM) runs longitudinally through the Foundations of Medicine and Health and seeks to develop a broad range of clinical and professional capabilities.

Block 8 is comprised of multiple threads that are woven together and integrated within the Years 1 and 2 curricula.

- Communication in Medicine (CM)
- Longitudinal Clinical Skills Program (LCSP)
- Physical Diagnosis (PD)
- Procedures Curriculum (PC)
- Tuesday Seminars (TS)

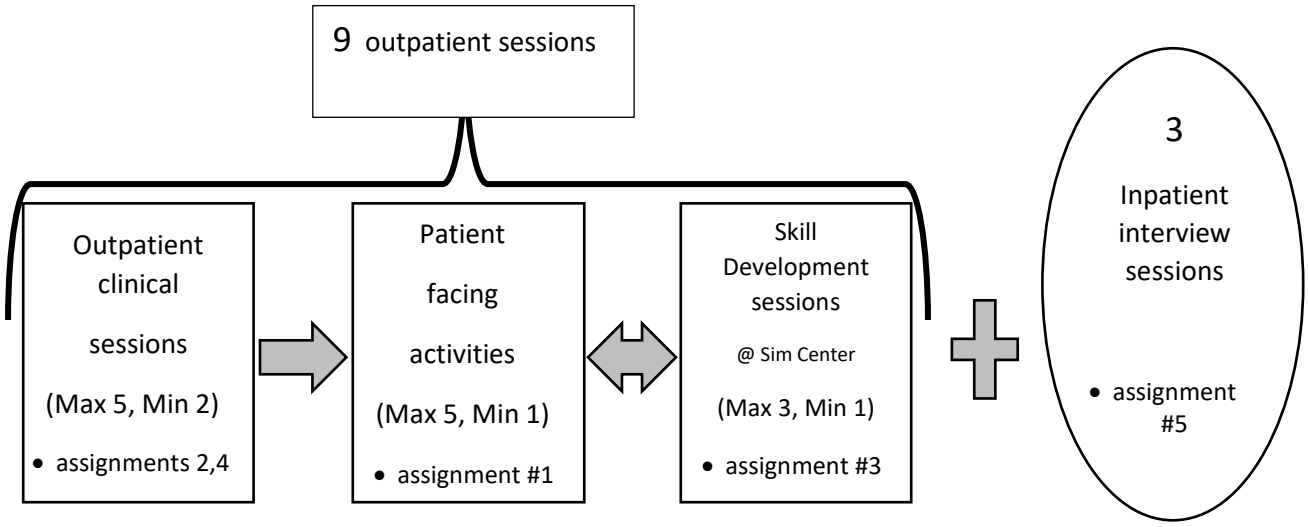
Communication in Medicine (CM)

The Communication in Medicine workshops run through Year 1 and Year 2, and focus on the range of skills needed for effectively talking with patients including the basic medical interview, educating patients about disease, counseling patients for health behavior change, and presenting difficult news and diagnoses.

Longitudinal Clinical Skills Program (LCSP)

With the advent of the COVID pandemic, clinical sites became tremendously scarce and appropriately, our clerkship students were prioritized over the pre-clerkship students. The pandemic required us to take a creative and flexible approach to early Patient Based Programs. LCSP is a distillation and combination of the guiding principles of CPCP (Community Patient

Care Preceptorship- 10 outpatient sessions) and PD3 (Physical Diagnosis 3- 5 inpatient sessions). LCSP became a combination of outpatient sessions in a community preceptor's clinical practice, inpatient sessions, Simulation Center skills training sessions, and Patient Facing Sessions. This reformatting allowed students to synthesize all their skills (history taking, physical exam, clinical reasoning, differential diagnosis, oral presentation and clinical decision making), as well as identify gaps in care, and determine how they as students could become change agents to address those gaps (Health Systems Science).



Physical Diagnosis (PD)

This year Physical Diagnosis focused on PD1 and PD2.

Physical Diagnosis 1: An introduction to basic history taking and the basic adult physical exam, as well as introductory oral presentation skills to Year 1 students.

Physical Diagnosis 2: In depth regional exams in various formats during Year 1 and Year 2.

What had been Physical Diagnosis 3 was subsumed into LCSP as the inpatient portion.

Procedures Curriculum (PC)

These workshops provide students with skills and improved confidence in communication and hands-on procedures that they will need for patient care. This year, we began the Procedures Curriculum during orientation for the first year students with Donning and Doffing (with specific focus on droplet precautions), in an effort to acculturate them to clinical exposure and provide them tools to protect themselves from contagion. 'Stop the Bleed' provides specific instruction on hemorrhage control and teaches tourniquet usage. 'First Five' training provides practical training for first-year medical students to address medical emergencies, including primary survey and scene safety, airway management, emergency interventions including Naloxone and EpiPen administration, revisiting hemorrhage control in an exsanguinating patient, and training in resuscitation team function and structure. In Medical Procedures 1 & 2, students get an introduction to standard precautions, Time-Out, Informed Consent, as well as basic medical procedures including: sterile glove technique and sizing, male and female foley placement, airway management, injections and IV placement. In Surgical Procedures, students are exposed to advanced techniques such as surgical scrub, surgical site preparation, maintenance of a sterile field, incision, suturing and knot tying.

Tuesday Seminars (TS)
This longitudinal program continues the theme of "doctoring" begun in Block 1 and spans the Year 1 and Year 2 curriculum. Topics examined include: the relationship between the physician and the patient, the family and the community; professionalism; healthcare disparities; cultural humility; quality improvement & high value care; ethics and medicine; end of life issues, professional identity formation and development of mindful practitioners.

2. **Block Leader:**
   Anastasia Rowland-Seymour, MD

   Program Leaders:
   Administrative Director: Jennifer Lennon
   Communication in Medicine (CM): Ted Parran, Jr. MD
   Longitudinal Clinical Skills Program (LCSP): Lisa Navracruz, MD
   Physical Diagnosis (PD): Lisa Navracruz, MD
   Procedures Curriculum (PC): Anastasia Rowland-Seymour, MD
   Tuesday Seminars (TS): Oliver Schirokauer, MD and Ted Parran, Jr., MD

3. **Design Team:**
   Graham Akeson, MD- New Recent Graduate Member at Large
   Elvera Baron, MD- New Block 8 Faculty Development Director
   Dyna Bolar- Former Coordinator PD
   Andrea Bryner – Administrative Director, SIM Center
   Kathy Cole-Kelly, MSW, MS- Emeritus CM Director and Emeritus TS Co-Director
   Howard Gregory, MS – Standardized Patient Program Manager, SIM Center
   Kurtis Hoffman, MA- Program Manager CPCP
   Kristie Lang – Former Standardized Patient Trainer/Coordinator, SIM Center
   Jennifer Lennon- Administrative Director
   Ellen Luebbers, MD- Former SOM IPE Director and Interim SIM Center Medical Director
   Amanda Monyak- New Course Manager, TS and CM
   Lisa Navracruz, MD- LCSP and PD Director
   Ted Parran, Jr., MD- TS Co-Director, CM Director
   Daniel Salcedo, MD- New Director of Simulation & Educational Technology, SIM Center
   Natalie Scala- New Physical Diagnosis Program Manager
   Oliver Schirokauer, MD- TS Co-Director
   Amy Wilson-Delfosse, PhD- Associate Dean
   Student Representatives
   (*Underlined and Italicized*- left institution, **Bold**- new to design team)

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

Competency and Definition	Educational Program Objective (EPO)	Block Goals Block 8	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 and research questions.	Provide early clinical exposure and progressive opportunities to develop, integrate, and reinforce clinical skills and professionalism.	**Provide early clinical exposure and progressive opportunities to develop, integrate, and reinforce clinical skills.** *(remove 'and professionalism')*
Interpersonal and 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.	Explain and demonstrate effective communication skills for learning and clinical practice environments.	**None**
Professionalism Demonstrates commitment to high standards of ethical, respectful, compassionate, reliable and responsible behaviors in all settings, and recognizes and addresses lapses in professional behavior.	Consistently demonstrates compassion, respect, honesty and ethical practices.	Understand and practice the behaviors of an ethical, respectful, compassionate, reliable, and responsible physician.	**Add:** **Recognize and actively foster a transformed understand of professionalism.**
Personal & Professional Development Demonstrates the qualities required to sustain lifelong personal and professional growth.	Recognizes when personal views and values differ from those of patients, colleagues, and other caregivers and reflects on how these can affect patient care and research.	Recognize and analyze ethical problems in clinical medicine and biomedical research using the principles of autonomy, beneficence, nonmaleficence and justice.	**None**
Patient Care Demonstrates proficiency in clinical skills and clinical reasoning; engages in patient-centered care that is appropriate, compassionate and collaborative in promoting health and treating disease.	Obtains thorough and accurate information through an H&P adapting to the clinical setting. Uses evidence from the patient's history, physical exam, and other data	Understand and demonstrate effective communication skills for learning and clinical practice environments.	**None**

	sources to formulate and prioritize clinical decisions. Incorporates diagnostic, therapeutic, and prognostic uncertainty in clinical decision-making and patient care discussions.	Discuss and apply physical exam skills necessary for practice.	
Interprofessional Collaboration Demonstrates the attitudes, knowledge and skills to promote effective teamwork and collaboration with health care professionals across a variety of settings.	Respects and supports the contributions of individuals on an interprofessional health care team to deliver quality care.	Develop and practice the knowledge and skills that promote effective intra- and inter-professional teamwork across a variety of settings.	**Develop and practice the knowledge and skills that promote effective teamwork across a variety of settings.**
Systems-based Practice Demonstrates an understanding of and responsiveness to health care systems, as well as the ability to call effectively on resources to provide high value care.	Applies knowledge of health care systems to patient care discussions. Demonstrates awareness of context of care, patients' values and health care system resources in clinical decision-making.	Explain health policy and health systems information needed for practice.	**None**
Reflective Practice Demonstrates habits of ongoing reflection and analysis to both identify learning needs and continuously improve performance and personal growth.	Demonstrates habits of ongoing reflection using feedback from others as well as self-assessments to both identify learning needs and practice continuous quality improvement.	Explain and practice the behaviors of an ethical, respectful, compassionate, reliable, and responsible physician.	**Understand and practice the behaviors of an ethical, respectful, compassionate, reliable, and responsible physician.**

5. In the grid below, please list the specific course changes you made this year based on last year's report or required by the Pandemic?

What changes were made 2021-2022?	How did the changes work?	What would you like to change next year 2022-2023?
Block 2- PD1 remained condensed to incorporate repetition of organ systems from week to week. This was designed to reinforce the PD	Students were marginally able to successfully learn the basic physical exam in a condensed period of time, with **68%** agreement in response to the prompt that PD1 prepared	We will maintain the forced repetition and layering on of additional organ systems from week to week. We added in an additional "Assess" session to help students consolidate develop facility performing larger portions of the physical

clinicals learned from one week to the next.	them to perform basic physical exam skills.	exam. We will host a review session to help students further consolidate their physical exam skills.
Block 2- We added 'Master Clinicians' to the PD1 sessions to help supervise M4 preceptors for our M1 students.	Master Clinicians were met with some suspicion by M4s- they felt they were being "overseen". This will require a change in culture for M4s. Some anecdotal feedback from M1s reported confusion between being told to do a maneuver one way by the M4 and then being corrected by the Master Clinician.	Instead of having Master Clinicians on site for each weekly session, we are hosting a weekly "fireside chat" to review the clinical skills for the week, clarify important take home points to be relayed to the M1s, debrief the prior week sessions, and provide some clinical pearls for M4s. Additionally, the Master Clinician guided review sessions (which will also be attended by M4s) will help clarify some of the finer points of the exam.
Block 2- We continued to focus on the learning of the associated ROS with each new organ system being learned in PD1.	There was still difficulty in incorporating the ROS for each organ system in their PD1 training, as evidenced by a **49%** agreement (as compared with 47% last year) with the statement that PD1 prepared them to obtain a ROS.	We will continue to require students to practice the associated ROS as they are practicing the physical exam. This will be incorporated into the assess sessions as well as the CSE1A where they pull the entire physical, ROS and oral presentation together in one activity.
Required session of Cardiac Clinical Reasoning during Block 4 Clinical Immersion Week.	This was well received- **98%** agreement that CR session helped students distinguish the relevant components of the history and physical exam to be performed during a patient encounter, and **98%** agreement that CR help to synthesize the relevant components of H & P to present during oral presentation.	We plan to continue partnering with Block 4 leadership to continue to offer this CR session during Clinical Immersion week.
We focused additional attention on Clinical Reasoning with the addition of the Fever Clinical Reasoning session and LCSP Skills Session #2 during Block 5.	These sessions were moderately well received with **80%** agreement that the Fever Clinical Reasoning session, and **78%** agreement that LCSP SIM Skills Development session -helped them practice clinical reasoning, including hypothesis testing	One of the pieces of feedback that we received was that these sessions were scheduled either too early in the block or too far removed from the relevant content, so we will focus on better sequencing of these sessions in AY '22-23.
We incorporated dermatologic exam findings in the both the Fever Clinical Reasoning cases and the LCSP Skills Development case in Block 5.	Students were slightly more convinced that they were able to determine which exam maneuvers were appropriate to do in specialty areas in Block 5 this year (**68%**) as compared to last year (**59%**).	We will continue to try to figure out how to incorporate more specific clinical exam findings/maneuvers into the SIM center Skills sessions and Clinical Reasoning sessions.

All students got the full complement of the MSK exam from Ortho, Rheum and PM&R in Block 5 and 6.	By the end of Block 6 students were **97%** in agreement with the statement that PD prepared me to conduct specific maneuvers during a physical exam when a patient presents with a specific complaint.	We will continue to offer the 3 approaches to the MSK exam.
We incorporated a new Advanced Giving Bad News Communications Workshop in Block 6, focused on End of Life and Shared Decision Making.	This was well received with **98%** agreement that the Communications workshop prepared them to gather a history and demonstrate advanced patient-doctor communication skills, and **98%** agreement that the End of Life Comm Wksp allowed them to demonstrate providing care in the face of uncertainty.	We plan to incorporate an Aquifer module on Palliative Care that will pair with this Communications Workshop to provide even greater context upon which students can draw during their Comm Wksp.

6. What changes do you anticipate making to the Block next year (AY 2022-2023)?

Deletions	**Additions**
	Requiring LCSP Skills Development #3 session which focuses on preventive care and appropriate secondary screening.
Removing the Patient Facing Activities from LCSP- it was difficult for students to continue to find these opportunities as we moved further and further away from crisis mode of the pandemic.	
	Continuing to focus on the how and the what of clinical history taking. Allowing Communications Wksps to more clearly focus on the skills required to conduct a compassionate encounter. Under the heading of Clinical Reasoning, creating additional sessions that focus on the details of what clinical history is collected- with more focus on teaching hypothesis testing to illustrate more clearly eliciting pertinent positives and negatives.
We were not able to re-create the GU Teaching Associate Program where SPs allow students to practice GU (male and female) exams to increase student comfort with these sensitive exams. This will be removed from planned sessions for the foreseeable future.	

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

We had no new innovations this year, our focus was more on keeping all of the programs running and continuing to perform CQI on each program.

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)
Increase the attention to hypothesis testing and the justification of including diagnoses on a differential.	When reading M2 SOAP notes we have been struck by the lack of complete characterization of the presenting complaint in the HPI. When reading M3 clerkship H&P's we have been struck by the lack of "storytelling' that occurs throughout the entire note. When reading CSE3 notes we have noted there is often a lack of justification for inclusion of the diagnoses on the differential and often no justification for the ordering of the differential. While these are skills that students should be better in clerkships, we think we can do a better job of setting the stage for their clinical reasoning development.
Develop additional LCSP Skills Development sessions.	We are still troubled by limited pre-clerkship clinical exposure (continued pandemic effect) and continue to need to augment students' opportunities to practice synthesizing their skills.
Increase the diversity of patients in the clinical cases in Block 8 (TS skills training, Comm Wkshps, LCSP Skills Development sessions, and CSEs)	As part of the Diversity Student Action Plan and as a complement to the work already done with the patient ID cards in IQ, we are working closely with the SIM center to increase the pool of SPs of different ethnicities and races in order to expose our students to a more diverse patient population in the pre-clerkship phase, helping to prepare them to provide optimal care to diverse patient populations in the clinical arena.

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

We continue to seek to expand our Block to include an additional thread, Clinical Reasoning. We have created what used to be called PD2 Clinical Reasoning sessions for Blocks 3, 4 and now 5. Additionally, we anticipate creating a Block 6 Clinical Reasoning session in the future as well. These sessions allow students to consider what are the appropriate parts of the history and physical are that need to be performed, as well as require an oral presentation including an assessment, a differential, and a plan. This exercise is much more entailed than physical diagnosis and therefore needs to fall under its own category. This will also additionally allow the grouping of the Clinical Reasoning exercises in IQ, and the LCSP Clinical Skills Development sessions under this same header. This however would require additional faculty and staff support which we do not have at this time.

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

Each program director reviews their faculty feedback and makes adjustments as to whether to continue to use certain preceptors in future years. In addition to faculty, we rely heavily of 4th year medical students. Conversations with students (individual feedback, ad hoc focus groups, student representatives) and in reviewing written student feedback over the last three years has made it clear that we need to increase uniformity in the clinical teaching – particularly in PD1, that is being provided. We will once again make this one of our main focus points for the year.

We have three instances of preceptors interacting with their groups or individual students in a way that was contrary to the collegial and professional relationship that is characteristic of CWRU. These preceptors' comments were reviewed by the program directors and the block leader, if student consent was obtained- conversations were had with each preceptor separately, reviewing the distinction between intent and impact, delineating how their actions were received and/or viewed by the student, and a plan for improvement was put into place. In one instance one of the preceptors was relieved of the opportunity to engage in ongoing similar types of learning environments which lead to the concerning feedback.

12. Response to Student Feedback

You (student) asked for:	We did: (rationale if didn't adjust)

An overview of the Block 8 yearly calendar for students in CANVAS	**Done**
Institute a system to provide more timely feedback (confidential google form) to OCA Admin -and TS directors/Block 8 about TS faculty who need coaching	**Done**
Add cases of patients managing obesity to the Health Behavior Change Communications Workshops.	**Done**
Edit the small group discussion prompts in the Families as Context of Care TS session to be less likely to "out" students who have had high Adverse Childhood Events and are not comfortable sharing this information.	**Done**
More explicitly offer community resources for students during the TS Violence Series.	**Done**
Move some of the TS seminar sessions that have particularly "heavy" content away from immediately before an exam.	**Done**
More teaching on preventive care	**Added a required LCSP Skill Session 3 which focuses on preventive care**
Better time Rheum PD2 with Block 5 content	**Moved up the Rheum PD2 session to be better aligned with the Rheum PD2 Block 5 content, the same for Ortho and PMR**
Better time LCSP Skills session 2 with Block 5 content	**Moved back the LCSP Skills Development Session 2 to be better aligned with viral illness of Block 5**

14. Changes in resources for next year?

We anticipate making new physical diagnosis videos that are more in line with updated clinical skills checklists, and provide a developmentally appropriate rationale for the physical exam maneuvers the students will be learning.

We are currently using the following resources:

> Bates' Guide to Physical Examination and History Taking, 13th edition; Lynn Bickley, Peter Szilagyi, Richard Hoffman, Rainier Soriano, LWW Wolters Kluwer; Pub August 18 2020. ISBN: 978975170615
>
> Health Systems Science, 2nd edition; Susan Skochelak; Elsevier; Pub May 6 2020. eBook: ISBN 9780323694674; Paperback ISBN: 9780323694629
>
> Doc.Com: https://webcampus.med.drexel.edu/doccom/db/read.aspx

We expect these texts to remain the same. While we acknowledge that some of the videos are outdated, we have struggled with the idea of creating our own modules with the high level of communication expertise that is contained in these Academy of Communication in Healthcare (ACH) sponsored video series. We for the current future will be maintaining our use of Doc.Com until equivalent if not better communications videos become available.

15. Response to PEAC Report

No new recommendations from PEAC were received since the report referenced in the 2019 Block 8 Action Plan.

16. Scholarly Accomplishments

We are delighted to share that a manuscript reviewing the Block 8 Clinical Reasoning curriculum in IQ and its intersection with Health Systems Science thinking was published this spring in Medical Science Educator.

> **Rowland-Seymour, A**., Mann, D., Singh, M.K., Padrino, S.L., Wilson-Delfosse, A.L.. Identification of Health Systems Science in a Problem-Based Learning Clinical Reasoning Exercise. *Med.Sci.Educ.* 32, 51-55 (2022). https://doi.org/10.1007/s40670-021-01490-w

17. Acknowledgements

Block 8 is eternally grateful to the dedication, tenacity, and ingenuity of Jennifer Lennon. It is clear that we would not function without her hard work and persistency. She works tirelessly to bring shape and form to our curricular efforts. We are thankful that she approaches every problem as if there is a solution just waiting to be found. Jennifer's creative thinking and meticulous planning is the only reason why Block 8 has had whatever success we have garnered in the last 6 years.

Andrea Bryner and the HEC Simulation Center staff have been enormously supportive of our efforts to teach clinical skills. They have gone above and beyond accommodating our increasingly difficult to fulfill requests. We are enormously grateful to also be collaborating with Jackie Csank, Tom Noeller and the MetroHealth Simulation Center staff. They have been invaluable in collaborating with the HEC center to deliver pre-clerkship training for M1 and M2 students.

We were very sad to lose Celena Howard Dyna Bolar, Ellen Luebbers and Kristie Lang as Design Team Members, and delighted to welcome Amanda Monyak and Natalie Scala to our staff support team. We are very grateful for the support of the entire OCA team who are stepping in and helping during all of the transition!