

## **Block Report and Action Plan**

### **Block 1: Becoming A Doctor**

**July-August 2016 Course**

**SOM Class of 2020**

**February 2, 2017**

1. Please address last year's Action Plan. Did you accomplish the goals that you listed? Why or why not?
  - Improve effectiveness of the IQ cases: The ratings for IQ case effectiveness have improved, likely as a result of continued IQ case edits based on both student and facilitator feedback. There has been intentional emphasis on integrating material into IQ cases over the past 4 years which has steadily improved ratings for the cases.
  - Improve Health Systems TBL: There was intentional focus on overtly teaching about the concepts of health system science and continually linking large group sessions, IHI modules, and the health systems TBL back to systems science. The Health Systems TBL feedback improved this year.
  - Direct emphasis on Epi/Biostats as a basic science tool employed to understand population health and address community health issues/determinants of health: While Epi/Biostats sessions have always been well-received, students have often perceived them as a separate part of the block, rather than the basic science tools needed to understand population health, disparities, evidence-based medicine, and health systems improvement. Block 1 faculty continually tried to emphasize these methods as tools for application to the other block concept areas which seemed to have improved understanding and content integration this year.
2. Please comment on 2-4 aspects of the Block that went particularly well. Do you have plans to expand/increase/improve these aspects of the Block?
  - Population health as a concept has received improved ratings again this year following several years of intentional focus on framing population health in an introductory lecture during week 1 and then following with a revised population health TBL (new lead TBL written this year).
  - Bioethics also continues to have steady ratings improvement. The block leadership extends special thanks to Dr. Goldenberg for his devotion to ensuring students receive a solid foundation in bioethics during Block 1. He has created learning opportunities for both foundational bioethical principles in addition to content specific bioethics teaching around population and public health.
  - The block 1 design team has also worked to craft new ways to teach determinants of health, including increased integration with IQ, panel discussions, and community presentations about addressing disparities in Cleveland. For the last 2 years, there has also been direct teaching on health equity and structural determinants of health. This concept area received 100% "well or very well" this year.
3. Please comment on aspects of the Block that received decreased ratings when compared to previous years. What are possible explanations? How will you address these?
  - There were no areas that demonstrated a marked decrease in ratings this year. Anatomy and histopathology will be addressed in the Block 7 action plan.

- The organization of the block rating was slightly decreased this year, but still remains significantly better than the several years before. Dr. Gullett has worked to on board each new course manager and ensure that the many complex schedules that occur during Block 1 are coordinated. Students often do not realize that orientation activities, communications workshops (part of Block 8), and other student affairs activities are not actually part of the Block 1 curriculum. The Block 1 team continues to work with student affairs and others to ensure minimal overlap of activities and clear communications with students around expectations for completion of onboarding activities in addition to curricular content.
  - Students continued to report frustration with the Google+ format to submit their field experience reflections, however there are no other available options for closed group asynchronous communication available at this time. There continued to be problems with onboarding students to the format (a result of the Google platform and not staff organization in creating the communities). The design team will again discuss other options to process field experiences prior to Friday IQ.
4. Please comment on any new curricular innovation(s) that you introduced into the Block this year. Did they work well? Will you continue them? (Note: this may overlap with #2 above).
- Poverty simulations were introduced as an experiential learning opportunity in 2016. Three poverty simulations were conducted with the assistance of colleagues from the UH Department of Pediatrics, the CWRU School of Law, and the Greater Cleveland Food Bank. Overall these simulations were well-received and were profoundly moving for some students. Dr. Gullett received emails from multiple students about the impact on his/her views of determinants of health. The overall ratings are listed below. The activity received a composite of 4.0.
    - Improvements for the future include:
      - Assigning roles in advance (this was done in the 2<sup>nd</sup> and 3<sup>rd</sup> simulation which worked well)
      - Planning more time for health related discussion during the debrief
5. Are you planning any changes to your required resources?
- A new Health Systems Science textbook was written by colleagues in the AMA ChangeMed consortium and published in the fall of 2016. This is an excellent reference that Dr. Gullett hopes to integrate into the required resources.
  - Dr. Gullett and other members of the Block 1 design team also continue to meet monthly on the Health Systems design team, led by Dr. Mimi Singh. This cross-pollination allows continued focus on integration of health systems science throughout the entire curriculum.
6. Please comment on observations of student attendance and student participation. Was it similar to the preceding year?
- Nearly all students attend Block 1 didactics and other non-required activities given that this is the first block of medical school.
  - Very few students attended the block feedback sessions.
7. Please comment on the alignment between the weekly Block content and the MCQs/SEQs.
- Prior to the start of the block, Dr. Gullett tagged all MCQs to their associated session to ensure alignment. Additionally, all SEQs were reviewed for alignment as well.

- Block 1 faculty will continue to add new SEQs to increase the available bank of questions for 2017.
- Students continue to ask verbally and in written block feedback for MCQ explanations which has been an ongoing discussion among the leadership for all blocks.

8. What additional information or comments do you want to share about the Block?

- Included below are some specific ratings for elements of the block which provide more granular detail than the general overview. The environmental and occupational health curriculum questions relate to Dr. Mulloy's CAML project.

Block Specific Questions and Activities Block 1 Activities	Block 1: BLK-EOB-1/Case					Section	
	Responses (%)					N	Mean
	P	F	A	G	E		
Q5 Health Promotion Project (10,000 Step Challenge)	4.3%	6.5%	23.9%	39.1%	26.1%	46	3.8
Q6 Pandemic Flu Tabletop exercise	2.2%	13%	15.2%	37%	32.6%	46	3.8
Q7 Field Experience: Health Safety Net Providers	2.2%	19.6%	13%	28.3%	37%	46	3.8
Q8 Field Experience: Chronic Conditions	0	0	6.5%	32.6%	60.9%	46	4.5
Q9 Unnatural Causes Documentary Series	2.2%	2.2%	43.5%	41.3%	10.9%	46	3.6
Q10 IHI Modules	0	6.5%	28.3%	52.2%	13%	46	3.7
Q11 Poverty Simulation	6.5%	8.7%	6.5%	30.4%	47.8%	46	4.0

Responses: [P] Poor=1 [F] Fair=2 [A] Average=3 [G] Good=4 [E] Excellent=5

Block Specific Questions and Activities Environmental and Occupational Health Curriculum	Block 1: BLK-EOB-1/Case					Section	
	Responses (%)					N	Mean
	NAA	S	F	V	HC		
Q12 Rate your level of confidence in eliciting occupational and environmental risk factors in a patient's history.	0	4.3%	17.4%	65.2%	13%	46	3.9

Responses: [NAA] Not at all=1 [S] Somewhat=2 [F] Fairly=3 [V] Very=4 [HC] Highly confident=5

Block Specific Questions and Activities Environmental and Occupational Health Curriculum	Block 1: BLK-EOB-1/Case					Section	
	Responses (%)					N	Mean
	NI	S	U	O	VI		
Q13 Rate the influence of occupational and environmental risk factors on patient health.	0	0	15.2%	32.6%	52.2%	46	4.4

Responses: [NI] Not Influential=1 [S] Sometimes=2 [U] Usually=3 [O] Often=4 [VI] Very Influential=5

Integration of Block Concepts and Longitudinal Themes Foundations of Clinical Medicine (FCM)	Block 1: BLK-EOB-1/Case					Section	
	Responses (%)					N	Mean
	P	F	A	G	E		
Q20 Communications Workshop(s)	0	2.2%	4.3%	37%	56.5%	46	4.5

Responses: [P] Poor=1 [F] Fair=2 [A] Average=3 [G] Good=4 [E] Excellent=5

- The RNC and the on campus limitations which resulted from the chaos of the convention caused considerable challenges with course scheduling and resulted in significant time spent on the part of the block leader to schedule alternative options for delivering content. Additionally all field experiences that week were cancelled resulting in fewer experiences for the students during social determinants of health week.

- Block 1 continues to have challenges with continuity in the course manager position. This is the fourth consecutive year that there was a new course manager. It takes considerable time and energy to onboard a new course manager to all elements of the block. A new course manager will again in place for Block 1 for the Class of 2021. The reasons for this issue are varied, but will hopefully be stabilized moving forward.
- Dr. Gullett would like to thank all members of the Block 1 design team, large group faculty, TBL facilitators, poverty simulation volunteers, and all IQ facilitators for their immense dedication and time which contributed to a successful course. Dr. Gullett also wishes to thank Nicole Pilasky and Denise Carter-O’Gorman for their support with course management duties. She also thanks Paul Salzgeber for his attention to detail and ever-present IT troubleshooting during the block. This block is truly a team effort with many dedicated and talented faculty and staff committed to providing our students with a strong medical school foundation during the first 2 months.

9. Longitudinal Evaluation Data

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

<b>Block 1: Becoming a Doctor</b>				
<b>General Block Aspects</b>				
Block Components	2013-14 %	2014-15 %	2015-16 %	<b>2016-17 %</b>
Effectiveness of IQ cases	77	73	85	<b>91</b>
Effectiveness of sessions with live patients	91	89	92	<b>87</b>
Organization of this block (cohesiveness and integration of themes and activities)	47	45	72	<b>65</b>
Overall quality of this Block	55	53	76	<b>74</b>
<b>Block Concepts/Integration of Block Concepts and Longitudinal Themes</b>				
Epidemiology and Biostatistics*	68	49	59	<b>64</b>
Population Health*	66	64	83	<b>96</b>
Determinants of Health & Health Disparities*	93	90	96	<b>100</b>
Health Systems*	47	48	72	<b>68</b>
Process & System Improvement*	71	83	91	<b>91</b>
<i>Gross Anatomy – Block 7</i>	75	70	78	<b>63</b>
<i>Histopathology – Block 7</i>	79	76	84	<b>70</b>
Bioethics	51	80	76	<b>85</b>
<b>EBIQ</b>				
Rate the extent to which EBIQ contributed to your development of critical appraisal skills	--	--	60	<b>65</b>

\* “Well” or “Very Well”

( n=46 )

	<b>Theme</b>	<b>IQ Case</b>	<b>Unnatural Causes</b>	<b>Community Field Experiences</b>	<b>Team-Based Learning</b>
<i>Week 1</i>	Population Health	Pandemic Flu	In Sickness & in Wealth; Not Just a Paycheck		
<i>Week 2</i>	Determinants Of Health	Toni Jackson: Determinants Of Health	When the Bough Breaks; Place Matters	<b>Determinants of Health/ Social Work*</b>	Population Health

Week 3	Health Systems	Mr. Prince Medical Error	Becoming American; Collateral Damage	Health Systems/Safety Net	Global Health System Comparisons
Week 4	Patient-Centered Care	Mrs. Sanchez: Diabetes Mellitus	Bad Sugar	Chronic Conditions	
Week 5	"Bringing It All Together"	Jack Lee: Well Adult Care			

***\*Week of RNC resulting in cancellation of these field experiences.***