

Block Report and Action Plan

Block 1: Becoming A Doctor

July-August 2017 Course
SOM Class of 2021
January 4, 2018

Block Leader: Heidi Gullett, MD, MPH
Course Manager: Celena Howard

1. Please address last year's Action Plan. Did you accomplish the goals that you listed? Why or why not?
 - *Continued coordination with student affairs:* Celena Howard and Dr. Gullett worked to ensure that there was frequent communication in order to synthesize the complex orientation, student affairs, and curricular schedules (elements of Block 1, 7, and 8). Members of student affairs and Block 8 attended Block 1 design team meetings and actively shared calendars to facilitate coordination of our plans and sessions.
 - The EOB evaluations still commented about the complex nature of the schedule and how this is different from the schedule they expected when discussed prior to matriculating, however these concerns were less than in previous years. The block 1 design team and faculty will continue to emphasize that the schedule during July and August includes many activities and will not resemble the future schedule during subsequent pre-clinical blocks.
 - *Improvements in pandemic flu exercise:* A subcommittee of the Block 1 design team met to improve the pandemic flu exercise and determine detailed logistics, such as the addition of new roles and addition of an interprofessional element with PA student participation.
 - *New format for field experience reflection:* Students reported frustration for several years with using Google+ which was not a familiar platform for most students in each class. We implemented the use of Canvas for field experience reflections which worked well this year for both students and faculty.
 - *Use of Health Systems Science textbook and integration with Health Systems Design Team:* This text was published in September of 2016 so we were able to use a comprehensive textbook for the first time in the 2017 Block 1. This served as an excellent resource for much of the foundational content of the block. Numerous members of the Block 1 design team also attend the Health Systems Design team meetings and have worked to ensure continued integration of health systems science content across the undergraduate medical education continuum at CWRU.
 - *Administration of the NBME Health Systems Science exam:* We administered this exam at the end of Block 1 and were pleased with the results, especially since this was administered 5 weeks after starting medical school. We plan to continue administering this exam at the end of block 1. The Health Systems design team is also discussing when this will be administered later in the curriculum for comparison.
 - *Poverty simulation:* Using funds from our AMA ChangeMed grant, we purchased a poverty simulation kit and facilitated the 3 simulations throughout the block using faculty, community partners, and design team members. This provided more flexibility in scheduling rather than relying on outside groups to facilitate the poverty simulations during the block. This also allowed Dr. Gullett to integrate a more consistent health related debrief following each poverty simulation.
 - **2018 Goal:** Increase interprofessional nature of the poverty simulations.
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?
 - Organization of the block improved from the prior year, likely related to efforts around the first

- bullet above.
 - Effectiveness of the IQ cases continued to be strong and the overall quality of the block continues to slowly climb.
 - With regard to content areas, social determinants of health and health disparities and bioethics continue to remain strong.
 - Health systems sciences improved significantly this year with strong emphasis on framing health systems science as the third pillar of medical education. Thank you to Dr. Singh for leading the health systems design team that has worked with the Block 1 design team to intentionally create a health systems science foundation on which to build for the remainder of medical school. Additionally we did not ask separately about process and system improvement as we did in previously years because these content areas are included in health systems science.
 - Finally specific elements of the block were either improved or very similar to ratings from the prior year, including the step challenge, pandemic flu, field experiences, and poverty simulation.
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?
- The rating for population health had improved over the prior 4 years and dropped from 96% to 78% this year, however the rating scale was changed from “well” or “very well” to “good” or “excellent.” The material was taught in the same fashion by the same faculty over the past 3 years, including the same TBL (with some content updates). It is unclear why this change occurred, but the design team will continue to ensure cohesiveness in the elements of the block teaching population health.
 - Additionally, EBIQ dropped from 65% to 48% this year. The format for EBIQ changed significantly this year which may be related to the change in evaluation scores. Articles were chosen in advance rather than the EBIQ student leader choosing the article in addition to students being given a worksheet to use for review of the article based on the type of study. This EBIQ format is part of a longitudinal curriculum designed to better teach EBIQ and multiple types of studies through the pre-clinical curriculum. The block 1 design team will review the EBIQ evaluation data for subsequent blocks to determine how this will need to be changed for the 2018 course. Additionally, despite explaining the new EBIQ format in detail to IQ facilitators, there appeared to be variable support in different IQ groups from the IQ facilitator for integrating EBIQ into weekly IQ learning.
 - Over the past 5 years, there has been excellent Block 1 faculty retention and the faculty continue to be well-received and deliver high quality content in multiple formats. Faculty with lower ratings in the past have either been replaced or improved their faculty evaluations. There are several faculty this year who received feedback on their sessions that the block leader will discuss with them.
 - *Challenge:* The introduction of Canvas was very difficult during Block 1 as it was slow and the students did not understand how to find necessary materials on the platform. The students created a shared workaround on Google drive and provided Dr. Gullett with extensive feedback about the platform which she forwarded to the Utech team. A representative was also present at the feedback sessions to listen to frustrations and feedback and to ensure that updates were going to be addressed.
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).
- We expanded the pandemic flu exercise this year to be interprofessional with the physician assistant program. This seemed to work well for both PA and medical students with the PA students having a much more in-depth background on public and population health in the weeks before the exercise.
5. Are you planning any changes to your required resources?
- Dr. Gullett and individual instructors in the block always review the required resources for each session in advance. This will continue in 2018 with specific emphasis on the resources where Dr. Gullett received feedback during the 2017 block or that she noted during the course of the block.

- This was the first year that the Health Systems Science textbook was used as a required text. From the first day of the block, it was repeatedly emphasized that students must purchase a copy of the text for use in the block and during other parts of the year 1 curriculum, including Block 8. Most students purchased either a paper or electronic copy, however some students chose not to purchase the book. Numerous students commented during the block and on the evaluations that they found it useful as a core text for the block material. We plan to continue using this text.
6. Please comment on observations of student attendance and student participation. Was it similar to the preceding year?
- During Block 1 most students attend non-required components of the block. It has been consistent for many years and was similar this year.
 - The field experience team did have to individually contact several students to complete their field experience reflections, however they ultimately did complete the requirement and the delay did not indicate that they did not attend the required field experience.
 - More students attended the feedback sessions this year, however they were still sparsely attended.
7. Please comment on the alignment between the weekly Block content and the MCQs/SEQs.
- There was excellent alignment between the MCQs/SEQs and the weekly content. This was largely remedied when the questions were tagged to individual learning experiences previously.
 - Some student and IQ facilitator feedback recommended specific updates to various SEQs.
 - **2018 Goal:** Review of all SEQs with editing of existing answers and addition of more SEQs in several weeks.
8. What additional information or comments do you want to share about the Block?
- Block 1 continues to be challenged with continuity in the course manager position. This course was the fifth consecutive year where the block had a new course manager. Thank you to Celena Howard who stepped in as the new course manager and weathered many elements of the block in amazing ways. Dr. Gullett's hope is that Celena will remain the Block 1 course manager long-term.
 - Dr. Gullett would like to thank the amazing teams, including the Block 1 and Health Systems Design Teams, that came together to provide another strong Block 1 for the incoming medical school class.
 - Thank you to Paul Salzgeber who tirelessly ensures excellent audio-visual support during the block.
 - Thank you to the field experience teams for their untiring work to ensure all students had three outstanding experiences to reinforce block content. Special thanks to Julie Schneider who updated our student placement procedures and placed all of our students while communicating with each site. Special thanks also to Dr. Susan Wentz and Kathy Chapuran who delivered the complicated chronic conditions field placements in record time
9. Longitudinal Evaluation Data

Block 1: Becoming a Doctor				
General Block Aspects				
Block Components	2014-15 %	2015-16 %	2016-17 %	2017-18 %
Effectiveness of IQ cases	73	85	91	85
Effectiveness of sessions with live patients	89	92	87	78
Organization of this block (cohesiveness and integration of themes and activities)	45	72	65	78
Effectiveness of Lectures	--	--	--	61
Effectiveness of Team-based learning (TBL)	--	--	--	63
Overall quality of this Block	53	76	74	78
Block Concepts/Integration of Block Concepts and Longitudinal Themes				
Epidemiology and Biostatistics*	49	59	64	63
Population Health*	64	83	96	78
Social Determinants of Health & Health Disparities	90	96	100	93
Health Systems Sciences	48	72	68	80
Process & System Improvement	83	91	91	--
Gross Anatomy	70	78	63	65
Histopathology	76	84	70	85
Bioethics	80	76	85	83
EBIQ				
Rate the extent to which EBIQ contributed to your development of critical appraisal skills	--	60	65	48

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

*The wording of the question was slightly changed in AY 17-18

Block 1 Overview Reference Table

	Theme	IQ Case	Unnatural Causes	Community Field Experiences	Team-Based Learning	Other
Week 1	Population Health	Pandemic Flu	In Sickness & in Wealth; Not Just a Paycheck			
Week 2	Determinants Of Health	Toni Jackson: Determinants Of Health	When the Bough Breaks; Place Matters	Determinants of Health/ Social Work	Population Health	Poverty Simulation
Week 3	Health Systems	Mr. Prince Medical Error	Becoming American; Collateral Damage	Health Systems/Safety Net	Global Health System Comparisons	Poverty Simulation
Week 4	Patient-Centered Care	Mrs. Sanchez: Diabetes Mellitus	Bad Sugar	Chronic Conditions		Poverty Simulation
Week 5	"Bringing It All Together"	Jack Lee: Well Adult Care				

Course: Block 1 - Group 1

Department: FMH

Responsible Faculty: Dr. Heidi Gullett

Responses / Expected: 46 / 46 (100%)

Survey Period/Site: End of Block 1 (BLK-EOB 1) / Case Western Reserve University(Case)

Focus: Overall Results

Overall Block Questions

Effectiveness of instructional methods in promoting learning

Block 1: BLK-EOB-1/Case

Responses (%)

	P	F	A	G	E	N	Mean
Q1 IQ cases	0	6.5%	8.7%	39.1%	45.7%	46	4.2
Q2 Lectures	0	4.3%	34.8%	52.2%	8.7%	46	3.7
Q3 Team-based learning (TBL)	2.2%	4.3%	30.4%	39.1%	23.9%	46	3.8
Q4 Sessions with live patients	0	6.5%	15.2%	32.6%	45.7%	46	4.2
Q5 Overall organization of this Block (cohesiveness and integration of themes and activities)	2.2%	8.7%	10.9%	54.3%	23.9%	46	3.9
Q6 Overall quality of this Block	0	6.5%	15.2%	54.3%	23.9%	46	4.0

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

Category Instructions: Rate the following activities by checking the option that corresponds most closely to your perception of the quality of the learning experiences below.

Content Specific Questions and Activities

Block 1: BLK-EOB-1/Case

Responses (%)

	P	F	A	G	E	N	Mean	2016
Q7 Health Promotion Project (10,000 Step Challenge)	6.5%	13%	28.3%	23.9%	28.3%	46	3.5	3.8
Q8 Pandemic Flu Tabletop exercise	0	6.5%	21.7%	30.4%	41.3%	46	4.1	3.8
Q9 Field Experience: Health Safety Net Providers	2.2%	6.5%	21.7%	30.4%	39.1%	46	4.0	3.8
Q10 Field Experience: Chronic Conditions	0	0	10.9%	21.7%	67.4%	46	4.6	4.5
Q11 Unnatural Causes Documentary Series	6.5%	0	45.7%	32.6%	15.2%	46	3.5	3.6
Q12 IHI Modules	4.3%	17.4%	23.9%	39.1%	15.2%	46	3.4	3.7
Q13 Poverty Simulation	4.3%	6.5%	15.2%	26.1%	47.8%	46	4.1	4.0
Q14 Health Systems Science textbook	6.5%	2.2%	37%	28.3%	26.1%	46	3.7	

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

**Field experience: Social Determinants of Health was not evaluated.