

Case Western Reserve University- University Program Medical School

Block 8: Action Plan 2017-2018

Year 1 and Year 2 Blocks

Year 1 (July-May)

<p>Becoming a Doctor</p> <p>Block 1 (5 Weeks)</p> <p>Population Health, Epidemiology, Biostatistics, Bioethics, Health Disparities</p> <p style="color: red;">Field Experiences Assessment Week</p>	<p>The Human Blueprint</p> <p>Block 2 (11 Weeks)</p> <p>Endocrinology, Reproduction, Development, Genetics, Molecular Biology, Cancer Biology</p> <p style="color: red;">Integration Week Assessment Week</p>	<p>Food to Fuel</p> <p>Block 3 (11 Weeks)</p> <p>Gastrointestinal, Nutrition, Biochemistry</p> <p style="color: red;">Integration Week Assessment Week</p>	<p>Homeostasis</p> <p>Block 4 (14 Weeks)</p> <p>Cardiovascular, Pulmonary, Renal, Cell Physiology, and Pharmacology</p> <p style="color: red;">Clinical Immersion Week Assessment Week</p>
<p>Block 7: Structure (Anatomy, Radiology, and Histopathology) Block 8: Foundations of Clinical Medicine (Tuesday Seminars, Communications, Physical Diagnosis, Patient Based Programs, Interprofessional Education, Procedures)</p>			

Year 2 (August-March)

<p>Summer Break (10 Weeks)</p>	<p>Host Defense & Host Response</p> <p>Block 5 (14 Weeks)</p> <p>Immunology, Microbiology, Hematology, Oncology, Infectious Diseases, Rheumatology, Dermatology</p> <p style="color: red;">Integration Week Assessment Week</p>	<p>Cognition, Sensation & Movement</p> <p>Block 6 (14 Weeks)</p> <p>Neurology, Mind, Musculoskeletal</p> <p style="color: red;">Integration Week Assessment Week</p>
<p>Block 7: Structure (Anatomy, Radiology, and Histopathology) Block 8: Foundations of Clinical Medicine (Tuesday Seminars, Communications, Physical Diagnosis, Patient Based Programs, Interprofessional Education, Procedures)</p>		

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. The goal of Block 8 is to facilitate the lifelong transformation from student to doctor, focusing on the doctor/patient relationship, the roles of the physician in systems and in society, professionalism and leadership, and clinical skills.

Block 8 comprises multiple programs that are integrated with the Year 1 and 2 curriculum.

- Communication in Medicine (CM)
- Community Patient Care Preceptorship (CPCP)
- Interprofessional Education (IPE)
- 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 a disease, counseling patients for health behavior change, and presenting difficult news and diagnosis.

Community Patient Care Preceptorship (CPCP)

The Community Patient Care Preceptorship is a program in which students typically spend one half day a week in a community physician's practice. The program is designed to give students the opportunity to develop and reinforce their medical interviewing, physical exam and presentation (written and oral) skills with ongoing mentorship from a preceptor and with the use of a supplemental curriculum online through the Institute of Healthcare Improvement and the core Health Systems Science text (AMA Education Consortium).

Interprofessional Education (IPE)

This program provides students from the health professions (Medical, Dental, Nursing, Social Work, Public Health, Nutrition and Physician Assistants) the opportunity to engage in a dynamic and interactive team learning environment to better understand the goals, purpose, and benefits of inter-professional collaboration. Guided by the Interprofessional Education Collaborative (IPEC) competencies, the course content introduces students to: professional role identity and appreciation of other team members, practices of effective teams, leadership, emotional intelligence, and interprofessional team skill development.

Physical Diagnosis (PD)

This program runs throughout Year 1 and Year 2 and includes:

Physical Diagnosis 1: Introducing the basic adult exam to Year 1 students

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

Physical Diagnosis 3: Students spend five sessions doing complete histories, physicals and write-ups on patients they see in an inpatient setting.

Procedures Curriculum (PC)

These workshops provide students with an introduction to rapid assessment and basic management of crisis situations. ‘First Five’ training provides practical training for first-year medical students to address medical emergencies, including primary survey and scene safety, airway management, access and intervention including Naloxone and EpiPen administration, hemorrhage control in an exsanguinating patient, and training in resuscitation team function and structure. Additionally, students get an introduction to basic medical procedures including sterile glove technique and sizing, foley placement, donning and doffing technique, airway management, injections and IV placement. Students are also exposed to advanced techniques such as surgical scrub, surgical site preparation in anticipation for 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; law and medicine; medical error/patient safety; development of mindful practitioners and end of life issues.

2. Block Leader:

Anastasia Rowland-Seymour, MD

Program Leaders:

Administrative Director: Jennifer Lennon

Communication in Medicine (CM): Kathy Cole-Kelly, MSW, MS

Community Patient Care Preceptorship (CPCP): Lisa Navracruz, MD

Interprofessional Education (IPE): Ellen Luebbbers, MD

Physical Diagnosis (PD): Lisa Navracruz, MD

Procedures Curriculum (PC): Anastasia Rowland-Seymour, MD

Tuesday Seminars (TS): Kathy Cole-Kelly, MSW, MS and Ted Parran, Jr., MD

3. Design Team:

Dyna Bolar- Program Manager PD

Celena Howard- Program Manager CM and TS

Susan Padrino, MD

Mimi Singh, MD

Julie Schneider, MA- Program Manager CPCP

Amy Wilson-Delfosse, PhD

Student Representatives

4. Block Objectives:

- 1) Understand and demonstrate effective communication skills for learning and clinical practice environments.
- 2) Understand physical exam skills necessary for practice.
- 3) Be provided with early clinical exposure and progressive opportunities to develop, integrate, and reinforce clinical skills and professionalism.
- 4) Be introduced to health policy and health systems information needed for practice.

- 5) Recognize and analyze ethical problems in clinical medicine and biomedical research using the principles of autonomy, beneficence, non-maleficence and justice.
- 6) Develop and practice the knowledge and skills that promote effective intra- and inter-professional teamwork across a variety of settings.
- 7) Understand and practice the behaviors of an ethical, respectful, compassionate, reliable, and responsible physician.

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

What Changes were made 2017-2018?	How did the changes work?	What would you like change next year 2018-2019?
<u>Block 1 Integration</u> -added 2 questions on communications checklist for environmental exposures	This served to reinforce what was taught in Block 1 and helped integrate content	We are doing continuous QI on our checklists to be sure that all checklists reflect this change
<u>Block 2 Integration</u> -added HSS and IPE LO's to Retinoblastoma IQ case	This seemed to be reasonably well received (ie no complaints)	Nothing
<u>Block 3 Integration</u> -added HVC/HSS LO's to Pancreatitis IQ case	This seemed to be reasonably well received (ie no complaints)	We would like to add HVC/HSS LO's to the Peptic Ulcer IQ case
<u>Block 4 Integration</u> -added a communication workshop on CHF med adherence and health behavior change	This workshop session had a mixed-review. It was felt that the big idea of medication non adherence wasn't communicated to the students.	Provide more guidance of what the patient highlights in their story to bring forth the non adherence issues
<u>Block 5 Integration</u> -added a panel discussion on 'Prevention as Care' including HSS/IPE/Social Determinants/Access to Care	This was well received	Nothing We hope to be able to secure this time again in the 2018-2019 academic year
<u>Block 6 Integration</u> -added a communication workshop on delivering diagnosis of Parkinson's; added a final TS session after the Brain Death IQ case; added Smart Rx Opiate training	These were well received	We would like to continue all of these additions in the coming year

<u>Block 7 Integration-</u> piloted 2 PD/USG sessions on Abdomen and Cardiac cycle/Peripheral Pulses; additionally began creating a longitudinal GARLA curriculum	Lukewarm reviews of the Abdominal session mostly due to lack of access to USG machines; Better reception of the Cardiac cycle and peripheral pulses session, given more access to USG machines; additionally, in these sessions we had fewer than the ideal number of preceptors.	We are working on creating a library of trained USG preceptors to facilitate the GARLA curriculum next year; continue to create the longitudinal GARLA curriculum
<u>Physical Diagnosis-</u> added PD2 session: Advanced Developmental Pediatric Exam	This session was well received	Nothing
<u>Procedures-</u> added 'First Five', Basic and Advanced procedures sessions are now required	'First Five' was moderately well attended, due to positioning in the middle of Block 4	'First Five' will be positioned in the beginning of the year and will be required
<u>CSEs-</u> added a new formative CSE1B to assess oral presentations	Students thought it was a bit challenging not to have the information presented in order but understood that was part of the process.	We are working with Klara Papp to determine ways to ensure validity and reliability so that this can be a summative assessment next year.

6. What were the successful, innovative components of your block that you would like to share with other Blocks?

Block 8's theme for the 2017-2018 academic year was integration. Brain Storming (BS) meetings with the other Blocks helped us to integrate Block 8 content in each of the other Blocks, as well as helped to stimulate discussion for future collaboration. This could be a model for other blocks to interface with other longitudinal threads.

We additionally sought to further integrate between the programs within our block and reinforce oral presentation skills that are being taught in Tuesday Seminars and IQ by developing a formative Clinical Skills Exam of oral presentation skills. This CSE is structured to reinforce the information sorting process that is taught in Tuesday Seminars, as well as set the stage for the hypothesis testing that occurs when preparing oral presentations.

7. What specific changes in the curriculum do you plan to make next year?

The theme for Block 8 this academic year is Continuous Quality Improvement (CQI). We will be expanding oral presentation skills as this continues to be a place where students report needing additional practice. In teaching clinical skills, there is a natural progression

of history taking, hypothesis testing, oral presentation and clinical decision making. This academic year we will focus on improving hypothesis testing with an additional clinical decision making- PD2 session.

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

No changes

9. With respect to Formative Assessments, what specific changes do you plan to make to the Block next year?

In the spirit of CQI, we will also be focusing on our formative assessments in Communications and Physical Diagnosis to see how we can create more valid assessments that seek to identify students who are at risk of CSE and Step 2 CS failures, in an effort to provide pro-mediation (feed forward support to avoid failures and remediation). Additionally, we will be focusing on reliability with our assessment measures and are taking on an aggressive 4th year student preceptor development campaign, in an effort to standardize the provision of more specific and concrete feedback to improve first and second year student clinical skills.

10. Acknowledgments:

Block 8 would not function without the hard work and dedication of Jennifer Lennon.

All of the Block 8 family & design team make work a joy.

The SIM Center staff for accommodating our numerous requests and making so many of our programs happen

Yifei Zhu and Klara Papp have been indispensable in helping make sense of how to better assess our programs.

Wei Wang has been amazing with programing ways for us to collect data for our innovative changes.

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